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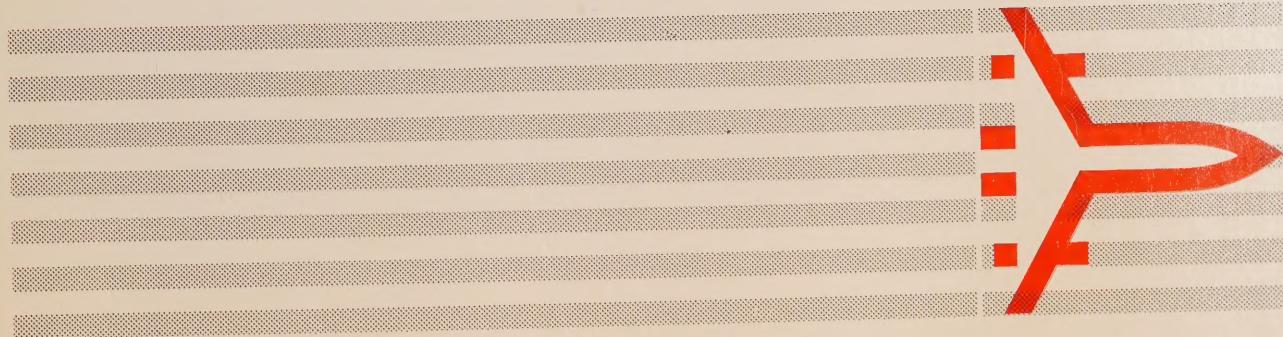
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PERSONNEL LICENSING HANDBOOK

VOLUME 3 MEDICAL REQUIREMENTS

SECOND EDITION
APRIL 1990



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(TP195E)**

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medical requirements

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VOLUME 3

MEDICAL REQUIREMENTS

2nd EDITION

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JUNE 28, 1996

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PERSONNEL LICENSING HANDBOOK

VOLUME 3

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2nd EDITION

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PERSONNEL LICENSING HANDBOOK
VOLUME 3
MEDICAL REQUIREMENTS

LIST OF CIVIL AVIATION MEDICAL EXAMINERS

MARCH 31, 1995

AMENDMENT N° 15

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VOLUME 3
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LIST OF CIVIL AVIATION MEDICAL EXAMINERS

JULY 31, 1994

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VOLUME 3

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MEDICAL REQUIREMENTS



LIST OF CIVIL AVIATION MEDICAL EXAMINERS

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MEDICAL REQUIREMENTS

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VOLUME 3

MEDICAL REQUIREMENTS

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VOLUME 3
MEDICAL REQUIREMENTS**

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PART 3

MEDICAL STANDARDS FOR CIVIL AVIATION PERSONNEL LICENSING

GENERAL APPLICATION

1. All medical standards for Canadian Civil Aviation Personnel Licensing and amendments thereto issued prior to May 19, 1975 are hereby cancelled and superseded.
2. The standards contained in this Edition shall apply to the following Civil Aviation Personnel Licences in accordance with the requirements and procedures detailed herein:

AIRLINE TRANSPORT PILOT LICENCE
COMMERCIAL PILOT LICENCE
PRIVATE PILOT LICENCE
GLIDER PILOT LICENCE
BALLOON PILOT LICENCE
PRIVATE PILOT LICENCE -
ULTRA-LIGHT AEROPLANES
COMMERCIAL PILOT LICENCE -
ULTRA-LIGHT AEROPLANES
STUDENT PILOT PERMIT
GYROPLANES AND HELICOPTERS

STUDENT PILOT PERMIT -
AEROPLANES
STUDENT PILOT PERMIT - GLIDER
STUDENT PILOT PERMIT - BALLOON
FLIGHT ENGINEER LICENCE
AIR TRAFFIC CONTROLLER LICENCE
STUDENT PILOT PERMIT -
ULTRA-LIGHT AEROPLANES
RECREATIONAL PILOT PERMIT -
AEROPLANES

Medical Categories

3. For the purpose of facilitating assessment of fitness for a permit or licence the standards are divided into four medical categories as follows:

MEDICAL CATEGORY 1

AIRLINE TRANSPORT PILOT LICENCE
COMMERCIAL PILOT LICENCE

MEDICAL CATEGORY 2

AIR TRAFFIC CONTROLLER LICENCE
FLIGHT ENGINEER LICENCE

MEDICAL CATEGORY 3

PRIVATE PILOT LICENCE
BALLOON PILOT LICENCE
ULTRA-LIGHT AEROPLANES
- COMMERCIAL PILOT LICENCE
STUDENT PILOT PERMIT
GYROPLANES AND HELICOPTERS

MEDICAL CATEGORY 4

ULTRA-LIGHT AEROPLANES
- PRIVATE PILOT LICENCE
GLIDER PILOT LICENCE
RECREATIONAL PILOT PERMIT
- AEROPLANES
STUDENT PILOT PERMIT
- AEROPLANES

4. The medical category classification relates to the degree of human reliability necessary for the various aviation activities. Medical Category 1 embraces all types of licence involving flying for hire and reward and is essentially the standard for the professional pilot. It assumes the higher degree of exposure to the risk of incapacitation due to the increased average flying hours. Medical Category 2 applies to those professional personnel from whom reliability of performance is essential for the safety of flight. Consideration must be given to the particular environmental requirements of each occupation in respect to the consequences of incapacitation. The intent of this standard is firstly preventative and secondly regulatory.
5. Category 3 outlines the requirements for the non-commercial pilot and, while it recognizes the lower exposure to risk, it reflects the responsibility that the private pilot must bear in respect to commercial flight operations, international passage and the carriage of passengers for other than hire and reward.
6. Category 4 outlines the requirements for the Ultra-Light Aeroplanes - Private Pilot Licence, Glider Pilot Licence, Recreational Pilot Permit - Aeroplanes and Student Pilot Permit - Aeroplanes.
7. For rapid identification of restrictions, limitations and exceptions, the medical category is divided into four medical assessment areas as follows: physical (includes mental disorders), visual, colour perception and hearing. The applicable restriction, limitation or exception will be shown on either the Medical Certificate or the Licence.

Duration of Validity of Licences

8. Since the assessment of an applicant's fitness or revalidation of a permit or licence is normally restricted to the period of validity of the permit or licence, the normal validity periods are listed below. If the aviation medical examiner deems it advisable to limit the assessment to a shorter period, this should be recommended in the medical examination report.

AIRLINE TRANSPORT AND COMMERCIAL PILOT LICENCE (under 40 years old)	12 MONTHS
AIRLINE TRANSPORT AND COMMERCIAL PILOT LICENCE (40 years old and over))	6 MONTHS
PRIVATE PILOT LICENCE AND AIR TRAFFIC CONTROLLER LICENCE (under 40 years old)	24 MONTHS
PRIVATE PILOT LICENCE AND AIR TRAFFIC CONTROLLER LICENCE (40 years old and over)	12 MONTHS
RECREATIONAL AEROPLANE PILOT PERMIT AND STUDENT PILOT PERMIT - AEROPLANE (under 40 years old)	60 MONTHS
RECREATIONAL AEROPLANE PILOT PERMIT AND STUDENT PILOT PERMIT - AEROPLANE (40 years old and over)	24 MONTHS
GLIDER PILOT LICENCE	60 MONTHS
BALLOON PILOT LICENCE (under 40 years old)	24 MONTHS

BALLOON PILOT LICENCE (40 years old and over)	12 MONTHS
FLIGHT ENGINEER LICENCE	12 MONTHS
PRIVATE AND COMMERCIAL PILOT LICENCE - ULTRA-LIGHT AEROPLANES	60 MONTHS

9. An applicant shall be granted the highest assessment possible on the basis of the finding recorded during the medical examination. An applicant desiring a medical category higher than that necessary for the type of permit or licence requested must inform the Aviation Medical Examiner of this requirement. This is particularly important in the case of an initial applicant who is entertaining the possibility of a career in aviation. If specialist examinations or laboratory tests are required to determine fitness for a higher assessment, these may be arranged by the Aviation Medical Examiner, with the concurrence of the applicant.

An applicant is required to answer all questions on the medical examination report and attest to their completeness and accuracy. The result of any previous medical examination must be reported to the Aviation Medical Examiner. "An applicant knowingly making a false declaration for the purpose of obtaining a licence or permit is liable to prosecution under the Air Regulations".

Responsibility of the Aviation Medical Examiner

10. Medical examinations are to be conducted by licensed physicians appointed for this purpose by Health Canada. They must be familiar with aeromedical assessment, and should possess some practical knowledge of flight duties and the flight environment. It shall be the responsibility of the Aviation Medical Examiner to examine the applicant carefully, to complete the Department of Transport medical examination report and to enter thereon the medical category considered appropriate. In the case of an applicant for revalidation of a permit or licence the Aviation Medical Examiner shall complete the temporary validation form on the back of the applicant's last issued medical certificate. This form shall be marked "fit" or "unfit", signed and dated, by the Aviation Medical Examiner in accordance with his opinion as to whether the requirements for revalidation of such permit or licence have been met. When a temporary validation form is marked fit by the Aviation Medical Examiner the permit or licence to which it relates is considered to be revalidated until the issue of a further medical certificate or until the expiration of 3 months following the date of medical re-examination, whichever is the earlier. A Medical Certificate may be revalidated in this manner only once.
11. An applicant for revalidation whose licence has lapsed more than 3 months shall not be issued with a temporary medical certificate unless the Aviation Medical Examiner is satisfied, by specific inquiry, that there has been no significant illness, injury or hospitalization since the issue of the previous permit or licence.
12. Medical examination reports and pertinent specialist or laboratory reports shall be forwarded to the appropriate Regional Office for the attention of the Regional Aviation Medical Officer, or the Aviation Medical Officer.

13. The medical standards cannot be sufficiently detailed to cover all individual medical problems or physical deficiencies and their significance to the functional role of the applicant. The judgement and discretion of the Aviation Medical Examiner is of extreme importance in such cases especially in the temporary assessment of fitness. Where the Aviation Medical Examiner has doubts concerning the fitness of an applicant he may omit the allocation of a category and refer the Medical Examination Report to the Regional Aviation Medical Officer, or the Aviation Medical Officer for assessment or further advice.
14. The Aviation Medical Examiner shall report to the Regional Aviation Medical Office any individual case where, in his judgement, already demonstrated ability, skill and experience of an applicant could compensate for a failure to meet a prescribed medical standard without adversely influencing the safe performance of his duties when exercising the privileges of the permit or licence. The exercise of flexibility in this case is the joint responsibility of Medical and Licensing Authorities. The 3 month temporary revalidation shall not in such cases be signed by the Aviation Medical Examiner.

Applicants Considered Unfit

15. Minimum medical fitness requirements for the various types of licence are broadly defined by international agreement through the International Civil Aviation Organization (ICAO). Canadian medical requirements honour this agreement, and procedures and standards outlined below reflect International Standards and Recommended Practices.
16. The issue or revalidation of a permit or licence shall be withheld if the medical requirements prescribed for that permit or licence are not met. However, under special circumstances flexibility may be applied and the permit or licence may be issued or revalidated if the following conditions are fulfilled:
- (a) Accredited medical conclusion indicates that the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the permit or licence applied for is not likely to affect air safety. The Licensing Authority shall be satisfied that any relevant ability, skill or experience of the applicant has been given due consideration.
 - (b) The permit or licence is endorsed with any special limitation or limitations when the safe performance of the permit or licence holder's duties is dependent on compliance with such limitation or limitations.

"Accredited medical conclusion" is defined as the conclusion reached by one or more medical experts with specialized knowledge or training in aviation medicine, acceptable to the Licensing Authority for the purposes of the case concerned, in consultation with specialists in flight operations or other experts as necessary.

17. An applicant assessed unfit at the regional level may submit additional reports of Aviation Medical Examiners, specialist examinations and laboratory reports for reconsideration of the assessment. The applicant may, in addition, request the Regional Aviation Medical Officer, or the Aviation Medical Officer to forward all reports and findings to the Headquarters Aviation Medical Review Board for further consideration and consultation with the Licensing Authority.

18. In the event that a permit, licence or certificate holder cannot be considered fit to exercise the privileges of his permit, licence or certificate under the Medical Standards for Civil Aviation Personnel Licensing, appeal may be made to the Civil Aviation Tribunal.

Illness or Injury

19. A permit or licence holder who suffers from any illness disability or injury, or is taking any drug, medication or treatment which could impair his ability to exercise safely the privileges of the permit or licence held, should consider himself unfit unless specifically declared fit by an Aviation Medical Examiner. Any residual disability or requirement for long-term treatment resulting from illness or injury should also be considered disqualifying and should be evaluated by an Aviation Medical Examiner to determine if applicable standards continue to be met.
20. A permit or licence holder who becomes involved in an aircraft accident during the period of validity of a permit or licence may be required to undergo re-assessment.

MEDICAL CATEGORY 1
PHYSICAL AND MENTAL REQUIREMENT

This category applies to the issue or revalidation of

AIRLINE TRANSPORT PILOT LICENCE
 COMMERCIAL PILOT LICENCE

NOTE: The holder of Medical Category 1 shall be considered fit for any licence for its respective duration of validity unless otherwise specified.

The medical examination and assessment shall be based upon the following requirements of physical and mental fitness.

1.1 The applicant shall be required to be free from

- (a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation.

such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft at any altitude throughout a prolonged or difficult flight, or may reasonably be expected within the period of validity of the licence to make the applicant unfit to exercise the privileges of the licence applied for or held.

1.2 The applicant shall not suffer from any disease or disability which renders him liable to become unable to operate an aircraft safely.

MEDICAL CATEGORY 2
PHYSICAL AND MENTAL REQUIREMENT

This category applies to the issue or revalidation of

FLIGHT ENGINEER LICENCE
 AIR TRAFFIC CONTROLLER LICENCE

NOTE: Whereas the requirements for flight engineer closely approximate the requirements for Category 1, in the interest of reliable performance of flight duties throughout a prolonged or difficult flight as a member of the flight crew, the requirements of the Air Traffic Controller licence must be interpreted in respect to the applicant's working environment and the flight safety responsibilities involved.

The medical examination and assessment shall be based on the following requirements of physical and mental fitness.

2.1 The applicant shall be required to be free from

- (a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation.

such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with reliable performance of duties within the period of validity of the licence.

2.2 The applicant shall not suffer from any disease or disability which renders him liable to a sudden or insidious degradation of performance within the period of validity of the licence.

MEDICAL CATEGORY 3 PHYSICAL AND MENTAL REQUIREMENT

This category applies to the issue or revalidation of

STUDENT PILOT PERMIT - GYROPLANES AND HELICOPTERS

STUDENT PILOT PERMIT - BALLOON

PRIVATE PILOT LICENCE

BALLOON PILOT LICENCE

COMMERCIAL PILOT LICENCE -
ULTRA-LIGHT AEROPLANES

The medical examination and assessment shall be based on the following requirements of physical and mental fitness.

3.1 from
The applicant shall be required to be free

- a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation

such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft during the period of validity of the licence.

MEDICAL CATEGORY 4 PHYSICAL AND MENTAL REQUIREMENT

This category applies to the issue or revalidation of

STUDENT PILOT PERMIT - ULTRA-LIGHT AEROPLANES

PRIVATE PILOT LICENCE - ULTRA-LIGHT AEROPLANES

STUDENT PILOT PERMIT - GLIDER
GLIDER PILOT LICENCE

STUDENT PILOT PERMIT - AEROPLANES

RECREATION PILOT PERMIT - AEROPLANES

The medical examination and assessment shall be based on the following requirements of physical and mental fitness.

(a) An applicant who meets the conditions specified in Part B of Form 26-0297 may sign the form and shall be deemed to have met limited Category 4 Medical Standards. The Medical Certificate shall include an annotation indicating that the Category 4 Medical Certificate is limited to Ultra-light Aeroplanes and Gliders and not eligible for the issue of a Recreational Pilot Permit - Aeroplanes or a Student Pilot Permit - Aeroplanes.

(b) Recreational Pilot Permit and Student Pilot Permit - Aeroplanes applicants must have Part C of the Medical Declaration (Form 26-0297) completed by a physician licensed in Canada. These applicants will receive a Medical Certificate without an annotation and shall be eligible for any type of permit or licence requiring a Medical Category 4.

4.1 An applicant shall have no disease past or present or any disability which is likely to interfere with the safe operation of an aircraft during the period of validity of the licence.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.3 Nervous System. The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:

- (a) psychosis or established neurosis;
- (b) alcohol dependence or abuse;
- (c) chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;
- (e) other significant mental abnormality.

1.4 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft;
- (b) a convulsive disorder;
- (c) any disturbance of consciousness without satisfactory medical explanation of cause;
- (d) any history of serious head injury the effects of which, according to the accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.

1.5 Cardiovascular System. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe operation of an aircraft.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.3 Nervous System. The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held as follows:

- (a) psychosis or established neurosis;
- (b) alcohol dependence or abuse;
- (c) chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;
- (e) other significant mental abnormality.

2.4 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, is likely to interfere with the reliable performance of duties;
- (b) a convulsive disorder;
- (c) any disturbance of consciousness without satisfactory medical explanation of cause;
- (d) any history of head injury the effects of which, according to accredited medical conclusion, are likely to interfere with reliable performance of duties.

2.5 Cardiovascular System. The applicant shall not possess any abnormality of the heart, congenital or acquired which is likely to be the cause of incapacitation during the period of validity of the licence.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.2 The applicant shall not suffer from any disease or disability which is liable to give rise to in-flight incapacitation during the period of validity of the licence.

3.3 Nervous System. The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:

- (a) psychosis or established neurosis;
- (b) alcohol dependence or abuse;
- (c) chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;
- (e) other significant mental abnormality.

3.4 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft during the period of validity of the licence;
- (b) a convulsive disorder;
- (c) any disturbance of consciousness, without satisfactory medical explanation, which is likely to interfere with the safe operation of an aircraft.
- (d) any history of serious head injury the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.

3.5 Cardiovascular System. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe operation of an aircraft.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.2 Not allocated.

4.3 Nervous System: An applicant shall have no medical history or clinical diagnosis likely to interfere with the safe operation of an aircraft as follows:

- (a) a convulsive disorder, fits, recurrent fainting, severe head injury, post traumatic syndrome, severe headaches or migraines;
- (b) psychiatric illness;
- (c) alcohol or chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;

4.4 Not allocated.

4.5 Cardiovascular System. The applicant shall have no current cardiovascular conditions likely to interfere with the safe operation of an aircraft.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.6 An established medical history or clinical diagnosis of

- (a) myocardial infarction; or
- (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease, considered by accredited medical conclusion to potentially predispose to an incapacitating event, shall be assessed unfit.

1.7 Routine electrocardiography shall form part of the heart examination of an applicant

- (a) for the first issue of a Medical Certificate;
- (b) within the two years preceding the examination between ages 30 years and 40 years; and
- (c) within the 12 months preceding the examination after age 40.

NOTE: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification unless supported by clinical evaluation.

1.8 The systolic and diastolic blood pressure shall be within normal limits.

NOTE: 1: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be closely monitored by the aviation medical examiner or a physician in communication with the Regional Aviation Medical Officer or the Aviation Medical Officer.

- 2: When initiating a new medication for the treatment of hypertension, it is recommended that the pilot not exercise the privileges of his licence for a minimum period of two weeks to ensure that the new medication is well tolerated.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.6 An established medical history or clinical diagnosis of

- (a) myocardial infarction; or
- (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease, considered by accredited medical conclusion to potentially predispose to an incapacitating event, shall be assessed unfit.

2.7 Routine electrocardiography shall form part of the heart examination of an applicant

- (a) for the first issue of a Medical Certificate;
- (b) within the two years preceding the examination between ages 30 years and 40 years; and
- (c) within the 12 months preceding the examination after age 40.

NOTE: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification unless supported by clinical evaluation.

2.8 The systolic and diastolic blood pressure shall be within normal limits.

NOTE: 1: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion, can be adequately tolerated by the applicant and are comparable with the safe performance of duties.

- 2: An Air Traffic Control applicant indicated by accredited medical conclusion to have made a satisfactory recovery from myocardial infarction may be assessed as fit.

- 3: When initiating a new medication for the treatment of hypertension, it is recommended that the applicant not exercise the privileges of his licence for a minimum period of two weeks to ensure that the new medication is well tolerated.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.6 An established medical history or clinical diagnosis of

- (a) myocardial infarction; or
- (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease considered by accredited medical conclusion to potentially predispose to an incapacitating event shall be assessed unfit.

3.7 Routine electrocardiography shall form part of the heart examination of an applicant

- (a) at the first examination after the applicant has attained the age of forty years; and
- (b) subsequently within the five years preceding the examination.

NOTE: 1: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification unless supported by clinical evaluation.

- 2: To avoid possible inconvenience at a later date all applicants under the age of 40 are encouraged to submit a routine ECG upon initial application.

3.8 The systolic and diastolic blood pressure shall be within normal limits.

NOTE: 1: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be closely monitored by the aviation medical examiner or a physician in communication with the Regional Aviation Medical Officer or the Aviation Medical Officer.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

NOTE: An applicant indicated by accredited medical conclusion to have made a satisfactory recovery from myocardial infarction, coronary artery bypass or whose hypertension is controlled by acceptable medications may be considered fit.

4.6 Not allocated.

4.7 Routine electrocardiography shall form part of the heart examination of an applicant for a Recreational Pilot Permit

- (a) at the first examination after the applicant has attained the age of forty years;
- (b) at the first examination after the applicant has attained the age of fifty years; and
- (c) subsequently every four years thereafter.

NOTE: The ECG tracing is not required to be submitted with the medical declaration form.

4.8 If the pilot is taking medication for the control of high blood pressure, the medications used should be approved by the Regional Aviation Medical Officer or the Aviation Medical Officer.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.

1.10 Respiratory System. There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.

NOTE: Radiography shall form part of the examination in the initial evaluation of cases with a history or clinical evidence of a significant respiratory system condition and wherever indicated to rule out intra-thoracic disease.

1.11 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties.

1.12 Cases of pulmonary emphysema shall be assessed as unfit only if the condition is causing obvious symptoms on moderate exercise and could lead to impairment at altitude.

1.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.

2.10 Respiratory System. There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum. Radiography shall form a part of the initial medical examination in all doubtful clinical cases.

2.11 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties. Air Traffic Control applicants shall have a respiratory efficiency within the normal range for the conditions described above.

2.12 Cases of pulmonary emphysema shall be assessed as unfit if the condition is causing symptoms.

2.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

- 2: When initiating a new medication for the treatment of hypertension, it is recommended that the pilot not exercise the privileges of his permit or licence for a minimum period of two weeks to ensure that the new medication is well tolerated.
- 3.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.
- 3.10 Respiratory System. There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.
- NOTE: Radiography shall form part of the examination in the initial evaluation of cases with a history or clinical evidence of a significant respiratory system condition and wherever indicated to rule out intra-thoracic disease.
- 3.11 Not allocated.
- 3.12 Not allocated.
- 3.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

- 4.9 Not allocated.
- 4.10 Respiratory System. An applicant shall not suffer from any acute or chronic respiratory condition which might interfere with the safe operation of an aircraft.
- 4.11 Not allocated.
- 4.12 Not allocated
- 4.13 Not allocated

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.14 **Gastro-Intestinal System.** There shall be no disease of the gastro-intestinal tract which accredited medical conclusion indicates could affect safe performance of duties.

1.15 The applicant shall be free from any hernia that might give rise to incapacitating symptoms in flight.

1.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.

NOTE: An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.

Other Medical Conditions

1.17 Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.

1.18 Cases of diabetes mellitus may be assessed fit provided certain specific criteria as outlined in the Health Canada publication *Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers, With Diabetes Mellitus* are met.

1.19 Deleted

1.20 Deleted

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.14 **Gastro-Intestinal System.** There shall be no disease of the gastro-intestinal tract which accredited medical conclusion indicates could affect safe performance of duties.

2.15 The applicant shall be free from any hernia that is likely to give rise to incapacitating symptoms while exercising the privileges of the licence.

2.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, liable to give rise to incapacitating or distracting symptoms, in particular any obstructions due to stricture or compression, shall be assessed as unfit.

Other Medical Conditions

2.17 Cases of metabolic, nutritional or endocrine disorders likely to interfere with reliable performance of duties shall be assessed as unfit.

2.18 Cases of diabetes mellitus may be assessed fit provided certain specific criteria as outlined in the Health Canada publication *Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers, With Diabetes Mellitus* are met.

2.19 Deleted

2.20 Deleted

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.14 Gastro-Intestinal System. There shall be no disease of the gastro-intestinal tract which accredited medical conclusion indicates could affect safe performance of duties.

3.15 The applicant shall be free from inguinal, hiatal or other hernia that might give rise to sudden incapacitation in flight.

3.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, and in particular any stricture or compression that might cause sudden incapacitation in flight, shall be assessed as unfit.

Other Medical Conditions

3.17 Cases of metabolic, nutritional and endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.

3.18 Cases of diabetes mellitus may be assessed fit provided certain criteria as outlined in the Health Canada publication *Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers, With Diabetes Mellitus* are met.

3.19 Deleted

3.20 Deleted

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.14 Not allocated

4.15 Not allocated

4.16 Not allocated.

Other Medical Conditions

4.17 An applicant shall not suffer from any unstable metabolic disorder likely to interfere with the safe operation of an aircraft.

4.18 Not allocated.

4.19 Deleted

4.20 Deleted

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.21 Genito-Urinary System. Cases presenting signs of established or progressive organic disease of the kidney or genito-urinary tract shall be assessed as unfit. The urine shall be free of any element considered to be pathological. Urinary conditions of a transient nature should be considered unfit.

1.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

NOTE: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.

1.23 An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence satisfactory to the Aviation Medical Examiner, that he has undergone adequate treatment and is free from communicable disease. Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.

1.24 Applicants who have a history of gynecological disorders that have not responded to treatment or require medication incompatible with the safe operation of an aircraft shall be assessed as unfit. In the case of a normal pregnancy the applicant may be considered fit until the thirtieth week of pregnancy. If the applicant wishes to exercise the privileges of her licence before six weeks post partum, a report from her attending physician must be submitted to the RAMO or AMO.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.21 Not allocated.

2.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to affect the reliable performance of duties. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

NOTE: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to affect the reliable performance of duties.

2.23 An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the Aviation Medical Examiner, that he has undergone adequate treatment. Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.

2.24 Applicants who have a history of gynecological disorders that are likely to interfere with the reliable performance of duties shall be assessed as unfit. In the event of a normal pregnancy the applicant may exercise the privileges of her ATC licence until term (expected date of confinement). If the applicant wishes to exercise the privileges of her licence before six weeks post partum, a report from her attending physician must be submitted to the RAMO or AMO.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.25 Musculoskeletal System. Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with the safe performance of duties may be assessed as fit.

3.26 Ear, Nose and Throat Conditions. There shall be

- (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;
- (b) no unhealed (unclosed) perforation of the tympanic membranes (see note). Licences shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements are complied with;
- (c) no permanent obstruction of the Eustachian tubes;
- (d) no permanent disturbances of the vestibular system.

NOTE: A single dry perforation of non-infectious origin need not render the applicant unfit.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.25 Not allocated.

4.26 Ear, Nose and Throat Conditions. An applicant shall not suffer from any condition of the ears, nose or throat which is likely to interfere with the safe operation of an aircraft.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.27 There shall be free nasal air entry on both sides and the nasal and sinus cavities shall be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect the safe performance of duties.

1.28 Speech defects and stuttering that cause communication difficulties will be considered unfit.

HEARING REQUIREMENT

1.29 The applicant shall be required to be free from any hearing defect which would interfere with the safe performance of his duties in exercising the privileges of his licence.

1.30 The applicant shall be tested on a pure tone audiometer at the initial examination for a Medical Category I and at the first medical examination after age 55, unless tested satisfactory during the five years preceding these dates, and shall not show a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

NOTES 2: In the revalidation of Air Traffic Licences the Aviation Medical Examiner shall assess any pathology of the ear and inner ear in respect to the ground duties involved. The licence shall not be revalidated, however, unless the applicant can meet the hearing requirements.

3: In the case of Flight Engineer there shall be no significant or chronic obstruction of the nasal or sinus cavities that is likely to affect the reliable performance of duties.

2.27 Not allocated.

2.28 Not allocated.

HEARING REQUIREMENT

2.29 The applicant shall be required to be free from any hearing defect which would interfere with the safe performance of his duties in exercising the privileges of his licence.

2.30 The applicant shall be tested on a pure tone audiometer at the initial examination for a Medical Category 2 and at the first medical examination after age 55, unless tested satisfactory during the five years preceding these dates, and shall not show a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.

MEDICAL CATEGORY 3 (cont'd)
COLOUR PERCEPTION REQUIREMENT

3.40 If an applicant does not qualify under para. 3.39, his colour vision may be assessed fit under this requirement if he passes a Canadian Forces or Civil Aeronautics colour perception lantern test or a Farnsworth D-15 test.

3.41 Applicants who do not meet the Requirements of paras. 3.39 and 3.40 may be considered fit with the following restriction: "Valid daylight only, 2-way radio required at controlled airports".

NOTE

The colour perception practical test is no longer acceptable.

MEDICAL CATEGORY 4 (cont'd)
COLOUR PERCEPTION REQUIREMENT

4.40 Not allocated.

4.41 Not allocated.

MEDICAL REQUIREMENTS

THE MEDICAL CATEGORIES AND VALIDITY PERIODS FOR EACH LICENCE AND PERMIT ARE DETAILED AS FOLLOWS:

Type of Licence/Permit	Category	Validity Period in Months	
		Under 40	40 years and over
Airline Transport Pilot - Aeroplane or Helicopter	1	12	6
Commercial Pilot - Aeroplane or Helicopter	1	12	6
Commercial Pilot - Ultra-Light Aeroplane	1,3	60	60
Private Pilot - Aeroplane, Gyroplane or Helicopter	1,3	24	12
Private Pilot - Ultra-Light Aeroplane	1,3,4	60	60
Glider Pilot	1,3,4	60	60
Balloon Pilot	1,3	24	12
Recreational Pilot Permit - Aeroplane	1,3,4	60	24
Student Pilot Permit - Aeroplane	1, 3, 4	60	24
Student Pilot - Gyroplane or Helicopter	1,3	24	12
Student Pilot - Ultra-Light Aeroplane	1,3,4	60	60
Student Pilot - Glider	1,3,4	60	60
Student Pilot - Balloon	1,3	24	12
Flight Engineer	1,2	12	12
Air Traffic Controller	1,2	24	12
Flight Instructor Rating - Glider	3	60	



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**PERSONNEL LICENSING HANDBOOK
VOLUME 3 - MEDICAL REQUIREMENTS**

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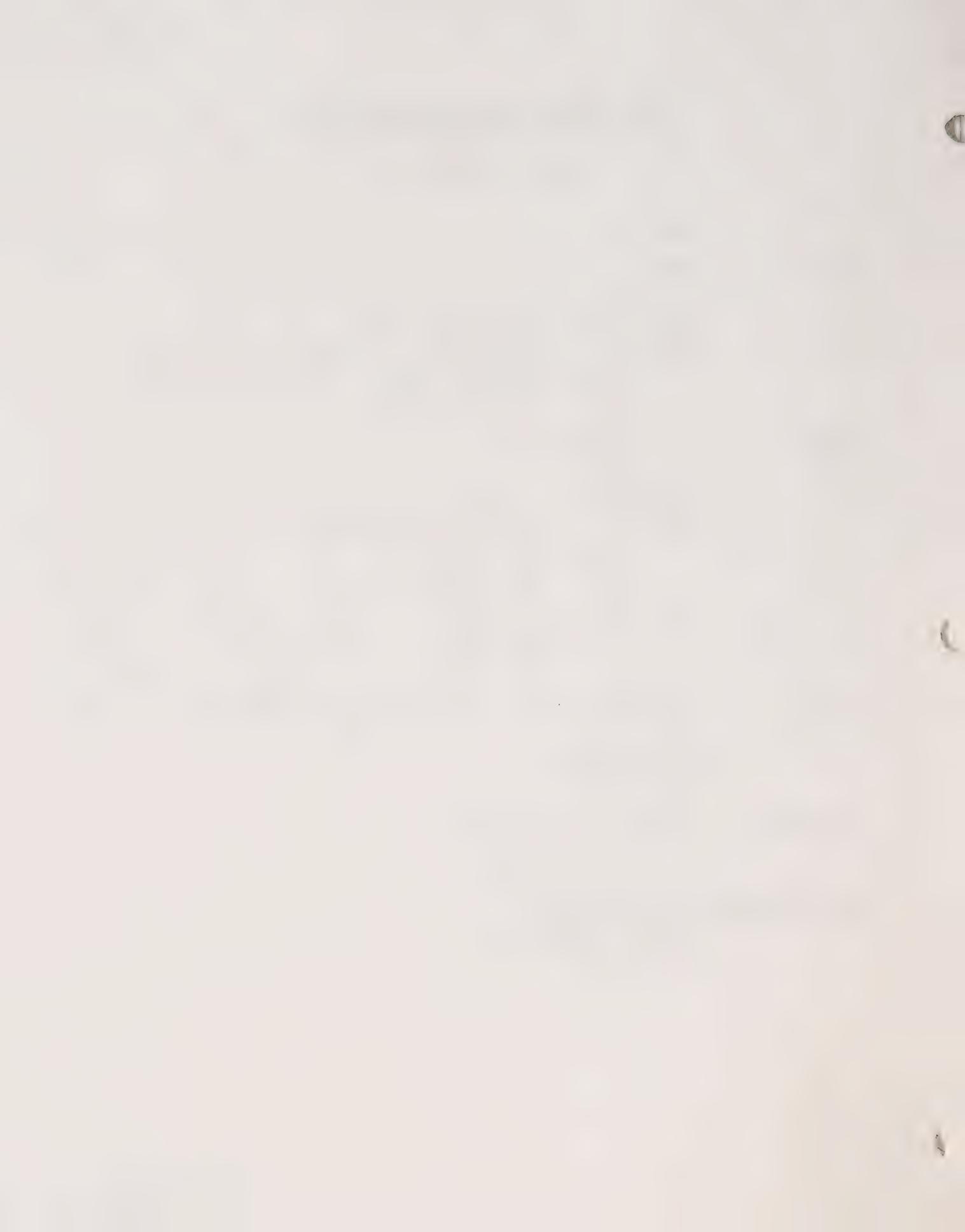
Medical Examination Report

Form No. 26-0010 (95.08)

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Form No. 26-0297 (95.10)



FOREWORD

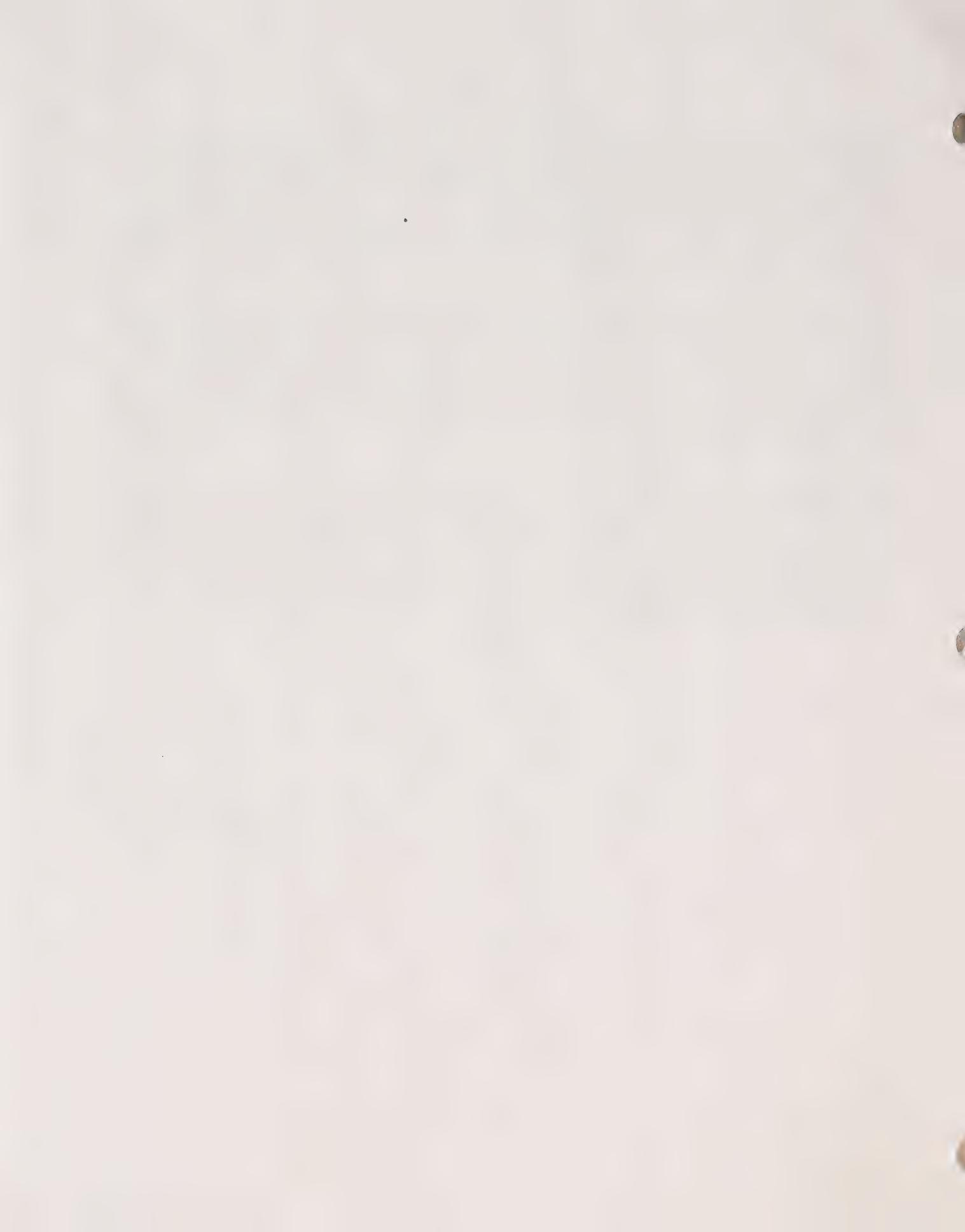
Since the early days of aviation the relationship of medical fitness to flight safety has been recognized. Consequently, many countries have, over the years, accumulated valuable funds of experience and information concerning this relationship from both operational and medical points of view. The International Civil Aviation Organization has co-ordinated much of this experience and information on an international scale, and has thus been able to produce specifications of medical fitness which it considers to be appropriate to various Civil Aviation personnel licences. Canada, in signing the Convention, undertook to implement the ICAO Standards to the fullest extent possible.

The Medical Standards for Canadian Civil Aviation Personnel Licensing are prescribed pursuant to subsection (d) of section 403 of the Air Regulations. This edition of the standards was developed in close conformity to the International Civil Aviation Organization Standards for personnel licensing and is considered to be commensurate with the safe performance of the privileges of respective licences and permits issued or revalidated in accordance with Part IV of the Regulations. It is to be understood, however, that amendment of this document may be necessary from time to time to ensure its continued conformance to current Civil Aviation safety standards and practices.

In the composition of this document, careful consideration has been given to its form and text bearing in mind that its primary purpose is to establish the basic specifications for the medical fitness of persons who hold Canadian Civil Aviation personnel licences or to whom such licences may be issued. As with most publications containing specifications of a specialized nature, it has been considered necessary, in the interest of uniform application, to provide appropriate explanatory information for the guidance of all concerned. Such information is found under the title GENERAL APPLICATION and also under NOTES inserted throughout the standards where such information is relevant.



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Director General
Aviation Regulation



PART 1

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PART 1

GENERAL

CHAPTER 1 - MEDICAL FACTS FOR PILOTS

1.1 General Health

A healthy pilot is as essential to safe flight as a reliable aircraft. There is no precise regulation which tells airmen whether they are fit to fly and there is no pre-flight inspection to ensure fitness. The individual therefore must make the decision based on common sense and training, prior to each flight. While flying an aircraft a pilot must have no condition which impairs alertness, reaction time or decision making ability. Persons with conditions which could result in sudden or subtle incapacitation, such as epilepsy, heart disease, uncontrolled diabetes mellitus cannot be medically certified according to the Department of Transport Regulations. Conditions such as anemia, acute infection or peptic ulcers are temporarily disqualifying. When there is any doubt about their health, pilots should consult their physician or Aviation Medical Examiner.

1.1.1 Mandatory Medical Reporting

Pilots are reminded that section 6.5 of the Aeronautics Act requires them to identify themselves as the holder of a pilot's licence prior to the commencement of any examination by a physician or optometrist. Section 6.5 further requires that the attending physician or optometrist notify the Minister of any finding that may constitute a hazard to aviation safety.

Section 6.5 also deems the pilot to have consented to the release of aviation-related findings by the physician or optometrist to the Minister.

1.2 Specific Aeromedical Factors

1.2.1 Hypoxia:

Hypoxia is a lack of sufficient oxygen for the body to operate normally. Its onset is insidious and may be accompanied by a feeling of well being known as euphoria. Even minor hypoxia impairs night vision and slows reaction time. More serious hypoxia interferes with reasoning, gives rise to unusual fatigue and finally produces unconsciousness.

At low altitudes the partial pressure of oxygen in the atmosphere is adequate to maintain brain function at peak efficiency. At higher altitudes, however, the atmospheric pressure declines and with it the partial pressure of oxygen. By 3048 metres (10,000 ft.) the level is such that all pilots will experience mild hypoxia and some will become symptomatic. Pilots operating at this altitude or higher should be alert for unusual difficulty completing routine calculations and should take corrective action if difficulties are noted. To avoid hypoxia do not fly above 3,048 metres (10,000 ft.) without supplemental oxygen.

1.2.2 Hyperventilation:

Hyperventilation is breathing at a faster and/or deeper rate than the body requires for good oxygenation at the existing work level. Normally the rate of breathing is controlled by the amount of carbon dioxide in the lungs and in the blood. In hyperventilation carbon dioxide is blown off and this leads to changes in the acidity of the blood which causes symptoms. The arteries to the brain constrict, reducing the blood supply. Pilots may notice a slight dizziness, a feeling of coldness, a sensation like a tight band around the head and pins and needles in the hands and feet. Paradoxically they will often feel they cannot get enough air. Continued hyperventilation may cause unconsciousness.

Hyperventilation most commonly occurs in association with anxiety, fear or during intense concentration on a difficult task such as performing a complicated instrument procedure. The symptoms, particularly the shortness of breath, are not unlike those of hypoxia so rather than trying to make the diagnosis the following procedure should be taken:

- (a) Breathe oxygen if available at 100% and, if on a pressure demand system, "press-to-test". After 3 or 4 breaths of oxygen the symptoms will improve markedly if hypoxia is the cause.
- (b) If the symptoms persist, consciously slow the rate of breathing to 10-12 breaths per minute and do not breathe deeply. Keep the respiratory rate slow until the symptoms disappear and then resume a normal breathing pattern. (If below 2,500 metres (8,000 ft.) hypoxia is unlikely to be the cause of the problem).

1.2.3 Carbon Monoxide:

Carbon monoxide is a colourless, odourless, tasteless gas which is a product of incomplete combustion. Haemoglobin, the oxygen carrying chemical in the blood, picks up carbon monoxide 210 times more readily than it picks up oxygen. Thus, even minute quantities of carbon monoxide in the cockpit, often from improperly vented exhaust fumes, may result in pilot incapacitation.

The symptoms of carbon monoxide poisoning are insidious. Initially there is an inability to concentrate, thinking becomes blurred and subsequently dizziness and headache develop. If any of these symptoms are noticed, pilots should turn off the heater, open the air ventilators and, if safe, descend to a lower altitude. If oxygen is available this should be used. If an exhaust leak is suspected the aircraft should be landed as soon as practicable.

Cigarette smoking is another source of carbon monoxide. Heavy smokers may have 4-8% of their haemoglobin saturated by carbon monoxide. This reduces the oxygen carrying capacity of the blood and they may become hypoxic at altitudes below 3,048 metres (10,000 ft.).

1.2.4 Portable Combustion Heaters

Portable combustion heaters are a potential hazard and should not be used on board aircraft in flight. All combustion heaters, including catalytic heaters, consume oxygen and under certain conditions produce carbon monoxide. Reductions in oxygen or the presence of carbon monoxide in the confined space of an aircraft cabin can induce incapacitation or even death.

1.2.5

High Altitude Flight In Aircraft With Unpressurized Cabins

High altitude flying in unpressurized aircraft poses risks to pilots, crew members and passengers. The primary hazards are:

- Hypoxia
- Hyperventilation
- Decompression sickness.

Crews wearing properly fitted oxygen masks and using 100% oxygen and safety pressure can work safely at a cabin altitude of 10,058 metres (33,000 ft.). Above this altitude the partial pressure of oxygen in the air, even supplemented by 100% oxygen, is inadequate to avoid hypoxia. Crews working at high cabin altitudes must be aware of oxygen system performance and that there is little time of useful consciousness if the oxygen supply is interrupted.

Hyperventilation or over breathing can be a hazard when the normal breathing pattern is disrupted by the necessity to exhale against safety pressure on mask valve loadings. The danger can be minimized by training and familiarization of the equipment. For flights above a cabin altitude of 9,144 metres (30,000 ft.) the oxygen system must provide a safety pressure of 1 to 1½ inches in the mask in order to prevent dilution of 100% oxygen by inboard leaks of nitrogen from the cabin air. Cabin pressurization reduces the danger for the crew of aircraft operating at altitudes of 9,144 metres (30,000 ft.) to 12,192 metres (40,000 ft.). A pressure differential of one pound per square inch, in the cockpit, at a flight altitude of 10,668 metres (35,000 ft.) would reduce the cabin altitude to the equivalent of 9,144 metres (30,000 ft.).

1.2.6

Decompression Sickness:

At ground level the body tissues are saturated with nitrogen, the inert gas which makes up 79% of our atmosphere. As the aircraft climbs, atmospheric pressure is reduced and by 5,486 metres (18,000 ft.) atmospheric pressure is halved. Pilots flying aircraft with unpressurized cabins at altitudes greater than 7,620 metres (25,000 ft.) may be subject to the "bends".

This condition is caused by bubbles of nitrogen forming in the tissues because the ambient (atmospheric) pressure is less than the pressure at ground level. (An example of this phenomenon is the bubbles formed when a bottle of soda pop is opened and the pressure is reduced.) The bubbles may track into joint spaces causing a dull, sickening pain. More dangerously they may be released into the lungs or the brain, giving rise to chest pain and/or collapse. The tendency to develop the bends increases with high rates of climb, age, obesity, physical activity and low temperatures. Flight operations above a cabin altitude of 6,096 metres (20,000 ft.) should not be attempted unless the crew members and passengers have completed specialized high altitude indoctrination (HAI) training. When decompression sickness is encountered, an immediate descent to a lower altitude is required. Information about HAI courses can be obtained from the Regional Aviation Medical Office.

1.2.7

Scuba Diving:

Although normally decompression sickness does not occur below 6,096 metres (20,000 ft.), people who fly after scuba diving may develop the symptoms at much lower altitudes. Atmospheric pressure beneath the water increases by 1 atmosphere for every 10 metres (33 ft.) and divers breathing pressurized air for more than a few minutes supersaturate their tissues with nitrogen. For this reason, as the aircraft ascends nitrogen bubble formation may take place above 2,432 metres (8,000 ft.) causing the bends.

After non-decompression dives, flights up to altitudes of 2,432 metres MSL (8,000 ft.) should be avoided for 12 hours. Where decompression stops have been required on returning to the surface, the interval should be 24 hours. For actual flights above 2,432 metres MSL (8,000 ft.) the interval is 24 hours regardless of the type of dive, as even pressurized aircraft may lose cabin pressurization.

Occasionally, a medical emergency results when a diver ascends to the surface of the water too rapidly causing bubble formation. In such cases, the diver must be re-exposed to a level of greater pressure and then slowly brought back to the surface so that nitrogen leaves the tissues without bubble formation. Sometimes it is not possible to undertake another dive and the diver must be flown to a suitable pressure chamber. Pilots flying such individuals to treatment facilities are cautioned that increases in altitude will worsen the diver's condition. Such flights must be made at the lowest possible altitude.

1.2.8

Vision

The retina of the eye is more sensitive than any part of the body to hypoxia, one of the first symptoms of which is a decrease in night vision. For this reason pilots flying at night in unpressurized aircraft are advised to use oxygen, if available, from the ground up.

There are many other factors which affect vision. Hypoxia, carbon monoxide poisoning, alcohol, drugs, fatigue and smoking are only a few of these. After time spent in bright sunlight the eye is slow to adapt to darkness and this may reduce night vision. To improve dark adaption pilots should use sunglasses during the day to avoid eye fatigue. At night cockpit lights should be kept low and flashlights should be equipped with red filters to maintain the dark adaption needed to see clearly outside the cockpit.

Despite modern electronics, pilots still fly in a "see and be seen" world. For best results, good vision is only one of the requirements. In the cockpit it must be reinforced with good visual scan practices, especially at night. Such practices are an acquired, not an inherent skill. In performing a visual scan the eyes should be focused at a range that will ensure detection of traffic while there is still time to take avoiding action. This requires that pilots take an object on the horizon, focus on it and then scan all sectors of the sky, refocusing as needed to avoid the "empty-field myopia" (space blindness) which can result from gazing at a featureless land or cloudscape. Conscientious scanning of all sections of the sky, interspersed with brief interludes of focusing on distant objects, will improve a pilot's ability to detect distant aircraft. A clean windshield is another essential, particularly with bright sunlight. Spots on the windshield easily lead to dazzle. Glare can also interfere with long range focus.

At night the same scan is required with one difference. The area of the retina which is best suited for night vision is not the centre. An object detected in barely adequate light will disappear if viewed directly, but will often reappear if one looks 10 to 15 degrees to one side of the object. Drugs, alcohol, smoking and fatigue all adversely affect both day and night vision.

1.2.9

Middle Ear and Sinus Discomfort or Pain:

The middle ear and the nasal sinuses are essentially closed cavities with a narrow pressure-equalizing tube. As the aircraft climbs, air in the body cavities expands as the barometric pressure decreases. Normally air will escape from the middle ear and the sinuses and the pilot will only notice the ears "popping". The outlet of these tubes, however, is narrow and if the aviator has a head cold or a throat infection, swelling may further reduce the outlet diameter. On ascent air may still be able to escape but on descent, particularly at high rates, the outlet may close like a flap and pressure will build up in the cavity. This can lead to severe pain and to an injury known as a "barotrauma" (pressure injury).

Pressure in the ears can be equalized by swallowing, yawning or by a Valsalva manoeuvre. This consists of bearing down against a closed glottis (the trap door between the throat and the chest) which pushes air into the middle ear. The manoeuvre should be done with caution as the use of excessive force can damage the ear drums and may slow the heart rate in susceptible individuals.

If the pressure in the ears (or sinuses) cannot be relieved by these manoeuvres, it is best to climb back to a higher level. The ears should then be cleared and a gradual descent made clearing the ears frequently. If it is necessary to climb back up, air traffic control should, of course, be kept informed. If a barotrauma occurs, a physician familiar with aeromedical conditions should be seen for treatment as soon as possible after landing.

The best advice to pilots or passengers who are suffering from head colds, sore throats or allergies is not to fly until the inflammation has subsided. Nasal sprays and/or inhalers can help provide relief, but this is only temporary. A cold lasts only a few days but a blown ear drum may take weeks to recover!

1.2.10

Disorientation:

Pilots sometimes refer to disorientation as "vertigo" by which they mean not knowing which way is up. On the ground spatial orientation is sensed by the combination of vision, muscle sense (seat of the pants) and specialized organs in the inner ear which sense linear and angular accelerations. Vision is the strongest of the orienting senses, but, in a whiteout or flying in cloud, it is sometimes impossible to orient oneself by reference to the horizon. Under these conditions the pilot is completely dependent upon the flight instruments and learned flying skills for control of the aircraft. Under no circumstances should the pilot rely upon the "seat of the pants" sensations!

Although the organs of balance in the inner ear give useful information with regard to acceleration or turning, they can also give rise to dangerously false information. Once a turn has been entered and is being maintained at a steady rate, the sensation of turning will disappear. Upon recovering from the turn, a sensation may be encountered of turning in the opposite direction. This has been responsible for many accidents. False impressions of position may also be encountered if pilots align the aircraft with a sloping cloud bank or when the horizon is distorted or apparently bent by the Northern Lights. The rule of survival when disorientated is **RELY UPON YOUR FLIGHT INSTRUMENTS!**

All pilots in their training should be exposed to disorientation by their instructors and should have had experience in recovering from unusual positions. Such experience will help overcome subsequent, unexpected instances of disorientation. Pilots without instrument flight training must maintain a visual horizon at all times and should never flight plan VFR (VMC) into areas where bad weather or low visibility may be encountered. An instrument rating does not prevent disorientation but the training required to obtain the rating provides the pilot with the ability to overcome it.

1.2.11 Fatigue:

Fatigue slows reaction time, reduces concentration and leads to errors of attention. The most common causes are insufficient rest and lack of sleep, but fatigue can be aggravated by other stresses such as business pressures and financial or family problems. Pilots should be aware of the subtle effects that acute or chronic fatigue can have on motor skills and judgement and avoid flying when either of these are present. Boredom and fatigue worsen each other. Good pilots avoid boredom by making frequent ground speed and fuel consumption checks and staying mentally active. Planning for diversion to alternates or studying relevant airfield charts are also helpful.

1.2.12 Alcohol:

Never fly while under the influence of alcohol or drugs. It is best to allow at least 12 hours between the last drink and take-off time and at least 48 hours after excessive drinking. Alcohol is selectively concentrated by the body into certain areas and remains in the fluid of the inner ear even after all traces of alcohol in the blood have disappeared. This accounts for the difficulty in balance that is experienced in a hangover. Even small amounts of alcohol (0.05%) have been shown in simulators to reduce piloting skills. The effect of alcohol and hypoxia is additive and at 1,829 metres (6,000 ft.) the effect of one drink is equivalent to two drinks at sea level. The body metabolizes alcohol at a fixed rate and no amount of coffee, medication or oxygen will alter this rate. **ALCOHOL AND FLYING DO NOT MIX.**

1.2.13 Drugs:

Self medication, or taking medicine in any form immediately before or while flying can be hazardous. Simple remedies such as antihistamines, cough and cold mixtures, laxative, tranquilizers and appetite suppressants may seriously impair the judgement and coordination needed by the pilot. The condition for which the medicine is required may itself reduce a pilots efficiency to a dangerous level even though the symptoms are masked by medicine. Unless cleared by an aviation medical examiner, pilots should not fly under the influence of prescription or over the counter drugs any more than they should fly under the influence of alcohol.

Certain drugs have been associated with aircraft accidents in the recent past. The most common of these are antihistamines (widely prescribed for hayfever and other allergies and contained in many cold and cough remedies), tranquilizers, (prescribed for nervous conditions, hypertension and other conditions) and appetite reducing drugs such as the amphetamines. Barbiturates, nerve tonics or pills prescribed for digestive and other disorders, may produce a marked depression of mental alertness.

The duties of an Air Traffic Controller require a high degree of situational awareness at all times. The need to perform repetitious tasks over prolonged periods, often in a low light environment, makes them particularly susceptible to drowsiness. The same restrictions which have been applied to the pilot must be observed.

Additionally, since controllers are more likely to report for work while suffering from a cold than pilots, the effects of over-the-counter cold cures must be stressed.

After receiving a general anesthetic a pilot should not fly for at least 48 hours. Aviation Medical Examiners can provide advice in specific cases when doubt exists.

1.2.14

Anesthetics

Questions are often asked about flying after anesthetics. With spinal or general anesthetics, or with serious operations, you should not fly until your doctor says it is safe. It is difficult to generalize about local anesthetics used in minor operations or dental work. Allergic reactions to these, if they occur, are early and by the time the anesthetic has worn off the risk of side effects has passed. After extensive procedures such as the removal of several wisdom teeth, however, common sense suggests waiting at least 24 hours before flying.

1.2.15

Blood Donation:

In a completely healthy individual the fluid reduction caused by donating one unit of blood is replaced within several hours. In some people, however, the loss of blood causes disturbances to the circulation which may last for several days. While the effects at ground level are minimal, flying during this period may entail a risk. Active pilots should not generally donate blood, but if blood has been donated they should not fly for at least 48 hours.

1.2.16

The Pregnant Pilot

Holders of a Canadian pilot licence may continue to fly up to the 30th week of pregnancy providing the pregnancy is normal and without complications. There are, however, certain physiological changes which may affect flight safety and the fetus may be exposed to potentially hazardous conditions. Pilots should be aware of the hazards, in order that they can make informed decisions on whether they choose to fly.

The pilot will usually be aware of the pregnancy by two months. At this time she should come under the care of a family practitioner or an obstetrician and should ensure that her physician is aware that she is an aviator. The Regional Aviation Medical Officer or Aviation Medical Officer may request additional medical reports, if clinically indicated.

In the first trimester, nausea and vomiting are common and may be worsened by motion, engine fumes and G forces. Congestion of the lymphatic tissues may give rise to difficulty in clearing the ears. In the first and second trimester there is an increased likelihood of fainting, but this is uncommon in a sitting position. G tolerance, however, may be reduced. Anaemia is common after the second trimester and may affect the pilot's susceptibility to hypoxia. Hypoxia is not a problem for the fetus below 3,048 metres (10,000 feet) and at higher altitudes decompression is unlikely to be a problem providing oxygen is used and a descent is made as soon as possible. After 20 weeks the uterus rises out of the pelvis into the abdomen and may become vulnerable to seat belt injury. This is not a common problem in automobile accidents, but submarining below the belt could produce a serious injury in aircraft accidents.

Cosmic radiation is of particular concern because of the unborn child's susceptibility to ionizing radiation. Dose equivalence is the measure of the biological harmfulness of ionizing radiation. The present international unit of dose equivalence is the Sievert. One sievert is equal to one hundred rem (the former unit of measurement), and is divided into one thousand millisieverts. It is recommended that the fetus should be exposed to no more than 2 millisieverts in any trimester. (For comparative purposes, the recommended annual limit for occupational radiation exposure of an adult is 50 millisieverts.)

Cosmic radiation is greater at the poles than at the equator and increases with altitude. On transpolar flights at 12,496 metres (41,000 feet) the estimated exposure is about 0.012 millisieverts per hour, although in a solar flare this can increase by a factor of ten. The exposure at the equator is about one half of this. A flight from Athens to New York at 12,496 metres (41,000 feet) would expose a pilot to approximately 0.09 millisievert. A pilot flying 500 hours per year at 10,668 metres (35,000 feet) between 60 and 90 degrees latitude would be exposed to 1.73 millisieverts annually. As can be seen, the radiation risk is small. Further information can be obtained from the Regional Aviation Medical Office or from the FAA Advisory Circular dated 5 March 1990 (AC #120-52) on this subject.

Six to ten percent of normal pregnancies deliver preterm. For this reason even pilots with a normal pregnancy are considered unfit after the 30th week of pregnancy. If the applicant wishes to exercise the privileges of her licence before six weeks post partum, a report from her attending physician must be submitted to the RAMO or AMO.

1.2.17 Dry Ice - Safety Precautions:

The agreement with international air carriers and other commercial organizations for the carriage of restricted articles by air requires that each package containing dry ice must be plainly marked "ORA, GROUP A - DRY ICE" and that advance arrangements between shipper and carrier must be made for each shipment. Dry ice releases carbon dioxide in a gaseous form, which in low concentrations, produces symptoms such as shortness of breath, a feeling of suffocation and impairment of vision. A high concentration could result in loss of consciousness or death. When dry ice is carried in the passenger compartment as either a refrigerant or part of the cargo, it is recommended that the passengers and crew evacuate the aircraft during all extended stops unless provision is made for adequate ventilation.

CHAPTER 2 - MEDICAL STANDARDS - FLEXIBILITY

2. FLEXIBILITY

Applicants for the issue or revalidation of flight crew permits and licences who do not meet the Medical Standards for Civil Aviation Licensing generally fall within one of two groups, i.e. those whose medical condition precludes the issue or revalidation of any type of permit or licence or those to whom flexibility in the application of the medical standards may be applied. In most cases where flexibility is applied the privileges of the permits or licences are restricted. In some cases where flexibility is applied it will be necessary to have a flight test as part of the evaluation. An applicant shall be flight tested under conditions which are compatible with the privileges granted by the Licence and Ratings held (i.e. day, night, IFR, etc.). The following are examples of the most common cases where a flight test will be required; however, the application of flexibility is not limited to the examples described in the following paragraphs..

2.1

Amputee and Physically-Handicapped Applicants

2.1.1

Applicants who have had an amputation of a limb or part of a limb, or have some other physical disability, may be considered fit for certain types of permits or licences through the application of flexibility, subject to individual assessment of the medical aspects, demonstrated ability to perform the privileges of the permit or licence and completion of all other requirements.

2.1.2

In most cases an applicant is required to demonstrate an ability to compensate for physical deficiency by means of a medical flight test. The flight test is intended to be an assessment of the applicant's ability to perform competently a task or simultaneous tasks. In order for a proper assessment to be made it is normally necessary that considerable in-flight dual instruction is obtained before the medical flight test.

2.1.2.1

A medical flight test will only be conducted when recommended and requested by the Regional Aviation Medical Officer (RAMO) or Aviation Medical Officer and approved by the Regional Director Aviation Licensing (RDAL).

2.1.2.2

Except as provided below, the initial test will be conducted by a Civil Aviation Inspector of the Aviation Licensing Division. Subsequent tests for the same applicant with the same deficiency may, at the discretion of the RDAL be delegated to a suitably qualified flight instructor.

2.1.2.3

The initial test for private pilot applicants may, at the discretion of the RDAL be delegated to a suitably qualified flight instructor, except when a prosthesis is required to be worn by the applicant or the aircraft is required to be modified.

2.1.2.4

The test will be conducted with the applicant occupying the seat designated in the Aircraft Flight Manual as the seat to be occupied by the pilot-in-command. Where the Aircraft Flight Manual does not specify the seat, it shall be understood to be the seat which, in accepted practice, is occupied by the pilot-in-command.

2.1.2.5

Reasonable simultaneous tasks should be introduced during medical flight testing such as map reading, determining course, operating flight computer, conversation, simulating engine failure to estimate the applicant's susceptibility to distraction.

2.1.3 The flight test report should include specific reference to:

- (a) description of deficiency to be assessed;
- (b) exercises required to be completed:
 - (i) ground,
 - (ii) flight;
- * (c) weather conditions existing;
- (d) aircraft type and seat occupied by applicant;
- (e) exercises completed;
- (f) simultaneous tasks completed;
- (g) details of any unusual procedures to compensate for deficiency;
- (h) recommendation for issue or denial of a ~~permit or~~ licence, by type;
- (i) any restrictions required to be entered on the ~~permit or~~ licence;
- (j) duration of flight test.

2.1.4 Where a restriction is applied to a ~~permit or~~ licence because of an amputation or other physical deficiency, further consideration will be given to a change in the restriction or its removal from the ~~permit or~~ licence with the accumulation of flying experience and the addition of different types of aircraft of different undercarriage, flight control and cockpit configurations. However, as in the initial application of flexibility, each case is dealt with on an individual basis.

2.2 Monocular Applicants

2.2.1 A monocular applicant shall be defined as an applicant who has lost one eye or whose central vision is such that it cannot be corrected to at least 20/200 (6/60). A monocular applicant is eligible for the issue or revalidation of those ~~permits or~~ licences, for which a Category 3 ~~or lower~~ medical is required, subject to the following conditions:

- (a) on the initial request for flexibility, the applicant has undertaken an eye examination by an ophthalmologist whose report indicates that with respect to the better eye
 - (i) the vision is not less than 20/200 (6/60) corrected to 20/30 (6/9) or better and the equivalent spherical error is not greater than plus or minus 5 diopters,
 - (ii) the function of the eye and its adnexae shall be normal in all other respects;
- (b) the applicant, following an adequate period of adaptation, has satisfactorily completed a practical (monocular) flight test conducted by a testing officer designated by the RDAL demonstrating his ability to fly the type of aircraft in a competent manner while maintaining an adequate look-out for other traffic and obstructions;

- (c) the licensing authority's medical advisors have recommended favourably for the issue of a permit or licence; and
- (d) an eye specialist's report is required at each revalidation of the permit or licence.

NOTE: "eye specialist" refers to either an ophthalmologist or optometrist, unless otherwise specified.

- 2.2.2 The foregoing specifications must be met to qualify under the visual requirement. In addition to the aforementioned required visual conditions, other licensing requirements, including those related to physical colour and hearing profiles, together with the standards of skill, knowledge and experience shall, of course, be met. The practical test of flying ability serves to confirm that the applicant has achieved sufficient adjustment to his monocular condition to perform the duties of a private pilot safely and with the degree of competence normally required. The tests will be required in all cases for issue of a permit or licence to a monocular person and for the first revalidation after loss of binocular vision if the permit or licence was previously issued. Subsequent revalidations must be supported by a flight test if the eye specialist's report indicates significant deterioration of visual capability since the previous report.
- 2.2.3 The practical test of flying ability shall be conducted by a designated testing officer. A signed statement from the testing officer to the effect that he has flight-tested the applicant and finds him capable of performing the normal and emergency manoeuvres appropriate to the type of aircraft in a competent manner while maintaining an adequate look-out for other traffic and obstructions, constitutes evidence of a satisfactory test.
- 2.2.4 A flight test is required in addition to the medical examination for the issue of a Student Pilot Permit to monocular applicants. The report of this flight test is considered, in conjunction with the medical examination reports, when assessing the visual acuity of the applicant for the Student Pilot Permit. It is, therefore, necessary that the ab initio monocular pilot obtain considerable dual flight instruction prior to the practical test. The standard of proficiency for a satisfactory flight test of an ab initio pilot is equivalent to that normally achieved at the first solo stage.
- 2.2.5 The medical validity will be for the period normally applicable to the permit or licence, except for the Glider Pilot Licence and Recreational Pilot Permit - Aeroplane which will be valid for the same period as the Private Pilot Licence.
- 2.2.6 Monocular pilots may obtain a night rating to their licence subject to the following conditions:
- (a) the applicant has completed the night and instrument flight time normally required for a night rating for a private pilot licence; and
 - (b) a flight instructor designated by the RDAL has certified that the applicant has been flight tested and been found to be capable of performing at night the normal and emergency manoeuvres appropriate to the type of aircraft in a competent manner while maintaining an adequate look-out for other traffic and obstructions.

2.2.7 Substandard Vision in One Eye

An applicant whose corrected central vision in one eye is less than 20/30 (6/9) but is at least 20/200 (6/60) is eligible for the issue or revalidation of a ~~permit or licence~~ appropriate to the Medical Standards, subject to the following conditions:

- (a) on the initial request for flexibility, the applicant has undertaken an eye examination by an eye specialist whose report indicates that the visual acuity in the better eye meets the vision standards for the ~~permit or licence~~ applied for or held;
- (b) accredited medical opinion indicates that the visual defect is unlikely to interfere with safe performance of duties related to the ~~permit or licence~~ considering pathogenesis of the condition, visual fields, etc.;
- (c) the licensing authority is satisfied that any relevant ability, skill or experience of the applicant has been given due consideration. In certain doubtful cases a practical flight test conducted by a designated testing officer may be advisable; and
- (d) an eye specialist's report may be required annually if the condition causing the reduced vision is not stable or is progressive.

NOTE: "eye specialist" refers to either an ophthalmologist or optometrist, unless otherwise specified.

2.3

Paraplegic Applicants

2.3.1

An applicant who, being a paraplegic, fails to meet the physical requirement specified in the Medical Standards for Civil Aviation Personnel Licensing is eligible for the issue or revalidation of a Student Pilot Permit, Pilot Permit and Pilot Licence for any category of aircraft except a Commercial or Airline Transport Pilot Licence, subject to the provision of additional specified information with respect to his physical condition.

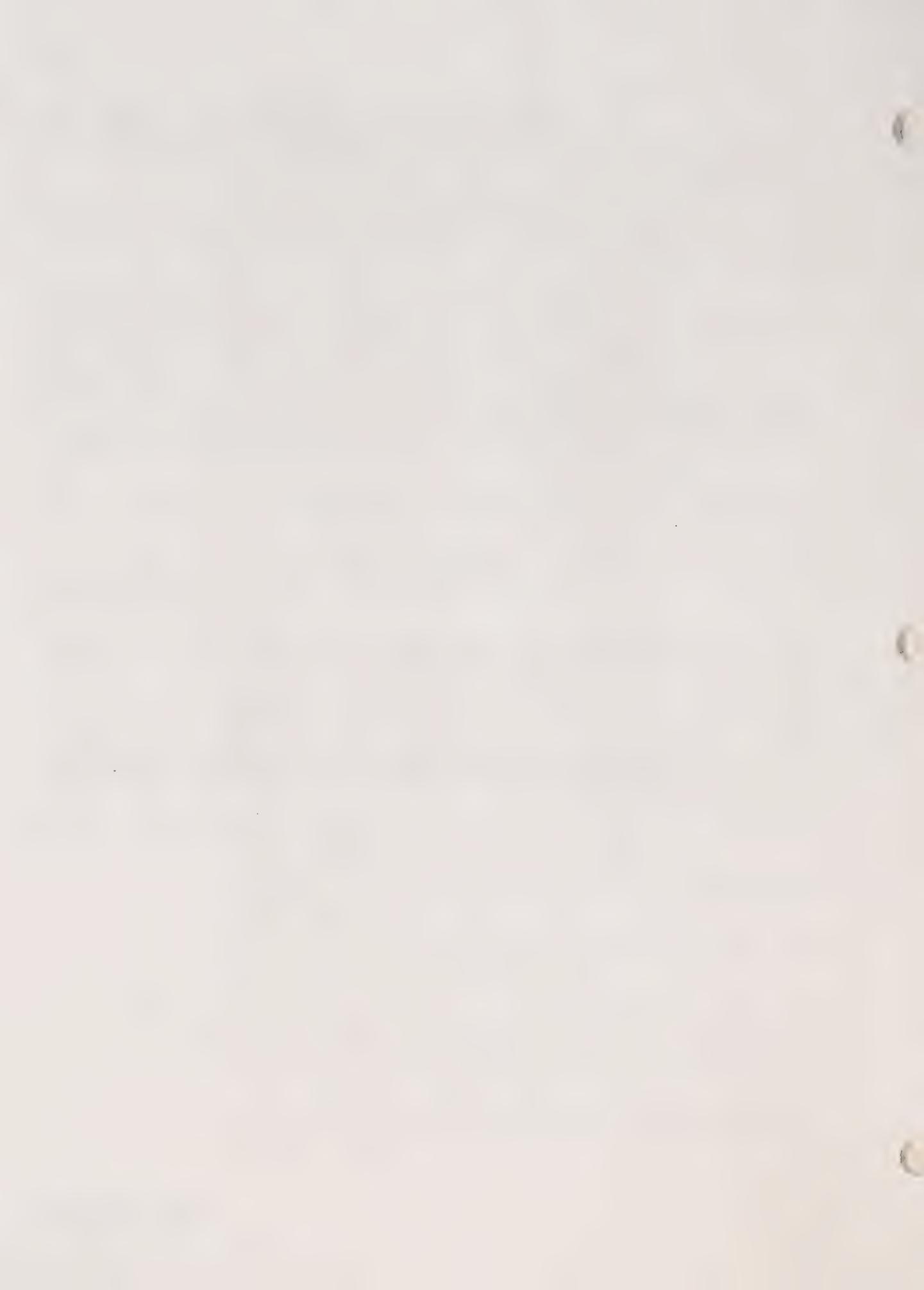
2.3.2

For determination of medical fitness, the applicant is required to provide:

- (a) a report of satisfactory medical examination by a designated Civil Aviation Medical Examiner;
- (b) a satisfactory medical examination report by selected medical specialist(s) to determine that the candidate's remaining amount of muscles in the trunk is adequate for body control;
- (c) medical information that the paraplegia is stabilized and is not due to underlying chronic or progressive disease;
- (d) by personal demonstration to the satisfaction of a designated testing officer and without assistance from another person, evidence of his ability to complete an external aircraft inspection, to emplane and deplane from an aircraft and to complete the cockpit check; and
- (e) by personal demonstration to the satisfaction of a designated testing officer, evidence of his ability to fly the aircraft in normal and emergency manoeuvres in a competent manner.

NOTE: Prior to the flight test, the testing officer must be provided with a written recommendation from a Flight Instructor designated by the RDAL stating that the applicant has demonstrated satisfactorily the requirements of paragraphs (d) and (e) above.

- 2.3.3 The foregoing reports are required to determine fitness in respect of paraplegia only. Other standard medical requirements together with the licensing standards of skill, knowledge and experience for the permit or licence desired shall, of course, be met.
- 2.3.4 Since a flight test is required prior to completing the assessment of fitness, it is necessary for candidates, particularly ab initio students, to obtain considerable flight instruction prior to the test. The standard of skill required is expected to be equivalent to that normally achieved at the first solo stage. The candidate's ability to bend to any position for the undertaking of required piloting tasks and the adequacy of the remaining muscles in the trunk to control body motions will also be assessed during the flight test. The candidate is required to remain in a normal sitting position during difficult flight, for example, in conditions of turbulence. Such demonstrations by the candidate will be without the use of any aids so that the paraplegic's remaining body control and strength may be fully assessed from a practical viewpoint. A shoulder harness must be worn by the candidate.
- 2.3.5 The privileges of the Student Pilot Permit, Pilot Permit or Private Pilot Licence shall be restricted as follows:
- (a) the permit or licence shall be endorsed for those hand-controlled aircraft types in which the standard of skill has been satisfactorily demonstrated by flight test;
 - (b) the requirement to wear a shoulder harness and carry a serviceable emergency locator transmitter shall appear on the permit or licence; and
 - (c) "licence restricted" shall be entered on the Medical Certificate.
- 2.3.6 While the foregoing requirements have been implemented for the issue or revalidation of a Student Pilot Permit (Aeroplanes), Recreational Pilot Permit (Aeroplanes) and Private Pilot Licence (Aeroplanes), these could be made to apply to other suitably modified aircraft.
- 2.3.7 Until experience has been gained in this area of personnel licensing the validity period of a permit or licence is limited to twelve months.



PART 2

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PART 2

AVIATION MEDICAL EXAMINERS

CHAPTER 1 - INTRODUCTION

1.1

Definition

AVIATION MEDICAL EXAMINERS are physicians who are authorized to examine the medical fitness of candidates for issue or revalidation of Pilot and other Canadian Civil Aviation Personnel Permits and Licences and who report their findings to the Regional Aviation Medical Office.

MEDICAL CERTIFICATE (MC) replaces the document previously known as the Licence Validation Certificate (LVC).

1.1.1

Generally such authorization applies to physicians in private practice who are appointed on an individual basis to provide the Aviation Medical Examiner service in a particular area. However, limited authorization also applies to Flight Surgeons of the Canadian Forces for the examination of candidates who are members of the Canadian Forces, and to physicians in other countries provided the physician is authorized as a Civil Aviation Medical Examiner by a member State of the International Civil Aviation Organization. A list of Aviation Medical Examiners is contained in Chapter 2.

1.2

Purpose of Examination

The purpose of the medical examination is to determine if a candidate meets the medical standards for a particular permit or licence as specified in Medical Standards for Civil Aviation Personnel Licensing. Standards for the issue and for the revalidation of a particular type of permit or licence are basically the same. These standards have been developed in close conformity to the International Civil Aviation Organization standards for personnel licensing.

1.3

Report of Medical Examination

The examiners report is made on "Civil Aviation Medical Examination Report" Transport Canada Form 26-0010 (copy is attached as Appendix I). The form requires the signature of both the candidate and the Aviation Medical Examiner. The candidate must sign a declaration regarding his medical history. This signature also authorizes release of the medical information when considered necessary in connection with the candidate's eligibility to hold any permit or licence issued by the Department of Transport.

1.4

False Representation

False representation of a candidate's medical history or present condition of health made knowingly for the purpose of obtaining a permit or licence, is an offence under the Air Regulations.

1.5

Appointment for Medical Examination

Appointments are made by the candidate. It is the candidate's prerogative to select any authorized Aviation Medical Examiner.

1.6 Aviation Medical Examiner's Fee

Payment of the Aviation Medical Examiner's fee is the responsibility of the candidate.

1.7 Revalidation of Permit or Licence - Temporary

Upon completion of a medical examination report, the Aviation Medical Examiner will normally, if he considers that the candidate meets the medical standards for revalidation of the permit or licence, complete the "fit" endorsement on the back of the last-issued Medical Certificate. This constitutes a temporary revalidation of the permit or licence for a period of 3 months commencing on the date of the examination, unless such revalidation is suspended by the Department of Transport. Such revalidation may only be performed once on any Medical Certificate.

1.8 Assessment of Medical Examination Report

1.8.1 Medical Examination Reports are assessed in accordance with the Medical Standards for Civil Aviation Personnel Licensing, first by the Aviation Medical Examiner and subsequently by the Regional Aviation Medical Officer or the Aviation Medical Officer. In borderline cases, specialist reports may be required and may be referred to the Chief, Clinical Assessment, for further consultation. In the event that the assessment by the Regional Aviation Medical Officer, the Aviation Medical Officer, or the Chief, Clinical Assessment, is different than that of the Aviation Medical Examiner, the assessment by the Regional Aviation Medical Officer, the Aviation Medical Officer or Chief, Clinical Assessment, shall apply.

1.8.2 The Regional Aviation Medical Officer, the Aviation Medical Officer, or the Regional Aviation Medical Office clerical staff may request that an applicant provide any additional medical information or reports in order to establish the applicant's medical fitness.

1.8.3 Provision of additional medical evidence when requested by the Regional Aviation Medical Officer, the Aviation Medical Officer, or the Regional Aviation Medical Office clerical staff is a condition subject to which the medical validation is issued. Failure to comply with the request in 1.8.2 by the date specified shall be grounds for suspension of the Medical Certificate.

1.8.4 Where the Medical Certificate is no longer valid and the applicant has failed to comply with the request in 1.8.2 by the date specified and if the applicant wishes access to the Civil Aviation Tribunal (CAT), Transport Canada may refuse to renew the Medical Certificate on medical grounds, in accordance with subsection 7.1 (1) (a) of the Aeronautics Act.

1.9 Medical Certificate

A Medical Certificate (previously called a Licence Validation Certificate) forms a part of every permit or licence (except Student Pilot Permits) which is subject to the Medical Standards for Civil Aviation Personnel Licensing. Medical Certificates are issued by the Minister of Transport through the office of the Regional Director, Aviation Licensing following receipt of a medical examination report, provided the candidate meets the pertinent medical standards and has been assessed medically fit by the Regional Aviation Medical Officer, the Aviation Medical Officer, the Chief, Clinical Assessment or the Senior Consultant, Operations, Policy and Standards. If, on the basis of the medical reports received, a candidate does not meet the standards for the desired permit or licence, he will be so advised through the office of the Regional Director, Aviation Licensing.

CHAPTER 2 - LIST OF AVIATION MEDICAL EXAMINERS AS OF DECEMBER 31, 1995

Candidates for civil aviation licences requiring medical examinations may present themselves to any of the physicians listed in the following pages, who have been appointed by the Department of Transport's Aviation Medical Advisors and are familiar with the procedures to be followed. The report of the medical examination will be forwarded to the appropriate Regional Office.

If any questions should arise regarding the medical examination or the interpretation of the medical requirements, the candidate may forward his enquiries directly to the Regional Aviation Medical Officer in the appropriate region.

Atlantic Region	-	Regional Aviation Medical Officer Civil Aviation Medicine P.O. Box 42 Moncton, New Brunswick E1C 8K6
Quebec Region	-	Regional Aviation Medical Officer Transport Canada Regional Office 700 Leigh Capreol Place, Room 2007A Dorval, Quebec H4Y 1G7
Ontario Region	-	Regional Aviation Medical Officer Civil Aviation Medicine c/o Transport Canada 4900 Yonge Street Suite 300 North York, Ontario M2N 6A5
Central Region	-	Regional Aviation Medical Officer Civil Aviation Medicine Health Canada P.O. Box 781 Winnipeg, Manitoba R3C 2N4
Western Region	-	Regional Aviation Medical Officer Civil Aviation Medicine #1140 - 9700 Jasper Avenue Edmonton, Alberta T5J 4C3
Pacific Region	-	Regional Aviation Medical Officer Civil Aviation Medicine c/o Transport Canada 800 Burrard Street Room 620 Vancouver, British Columbia V6Z 2J8

2.1

ATLANTIC REGION

2.1.1

Clarenville
Corner Brook

Gander

Crewe, H.J.
Mowbray, P.J.

Simpson, I.M.
Blackie, P.B.

Box 3100, A0E 1J0
Dept. of Geriatrics,
Western Memorial Regional Hospital, A2H 6J7
West Coast Clinic, 3 Church St., A2H 2Z4
Gander Medical Clinic,
177 Elizabeth Drive, A1V 1H6

Newfoundland (cont'd)

Goose Bay	Playfair, D.A.	Happy Valley Medical Clinic, Box 1120, Station B, Happy Valley, A0P 1E0
Grand Falls	Kelland, L.D.	The Medical Centre, 7 Pinsent Drive, A2A 2S8
Labrador City	Arsenault, W.E.	410 Booth Ave., A2V 2K1
Mount Pearl	Smith, R.J.	Box 306, 77 Commonwealth Ave., A1N 2C3
St-Anthony	Penney, C.J.	Charles S. Curtis Memorial Hospital Grenfell, Regional Health Services, A0K 4S0
St. John's	Dobbin, P.J.	Suite 405, 220 Lemarchant Rd., A1C 2H8
	O'Shea, C.P.	4 Henry St., Box 2442, Station C, A1C 6E7
Stephenville	Rideout-Vivian, S.C.	193 Lemarchant Rd., Suite 202, A1V 1P7
	McComiskey, A.J.	1 Washington Ave., A2N 2V5

2.1.2

Prince Edward Island

Charlottetown	Cooke, R.H.	The Polyclinic, 199 Grafton St., C1A 1L2
Tyne Valley	Montgomery, W.R.	C0B 2C0

2.1.3

Nova Scotia

Aylesford	Goddard, P.	B0P 1C0
Bedford	Campbell, D.M.	1600 Bedford Highway, B4A 1E8
Bridgewater	Gordon, R.L.	East Side Plaza, 450 Lahave St., B4V 3T2
Brookfield	Chalmers, R.A.	Hilden Clinic, R.R. 1, B0N 1C0
Dartmouth	Holland, S.H.	Woodlawn Medical Clinic, 110 Woodlawn Rd., B2W 2S8
Eastern Passage	MacDonald, J.W.	Woodlawn Medical Clinic, 110 Woodlawn Rd., B2W 2S8
Halifax	Nicholson, J.D.	Eastern Passage Medical Clinic, P.O. Box 399, B0J 1L0
Kentville	Johnson, E.B.	Fenwick Medical Centre, 5595 Fenwick St., B3H 4M2
Liverpool	Marsh, L.A.	6155 North Street, B3K 5R3
New Glasgow	Thorne, E.L.	2151 Gottingen St., B3K 3B5
Pubnico	Kirkpatrick, D.H.	150 Park St., B4N 1M6
Shearwater	Crawford, K.R.	135 Main St., P.O. Box 1862, B0T 1K0
Sydney	MacDonald, J.K.	Aberdeen Hospital, East River Road, B2H 3S2
Truro	Rohland, T.A.	Pubnico Medical Centre, Box 34, B0W 2W0
Yarmouth	MacKinnon, H.A.	Base Surgeon's Office, CFB Shearwater, B0J 3A0
	Smith, M.	196 King's Rd., Sydney Family Practice, B1S 1A1
	Blair, D.B.	28 Victoria St., B2N 1Y6
	King, D.W.F.	Yarmouth Regional Hospital, B5A 2P5

2.1.4

New Brunswick

Bas-Caraquet	Chiasson, M.L.	P.O. Box 128, E0B 1E0
Bath	Lockhart, J.A.	E0J 1E0
Bathurst	Chettiar, N.V.	1057 St. Peter Ave., E2A 2Z6
Chatham	MacGillivray, W.K.	74 King St., E1N 2N6
Dalhousie	Bujold, L.	396 Williams St., E0K 1B0
Edmundston	Cyr, G.	35 Carrier, E3V 3Y2
Fredericton	Harrigan, J.F.	2 Hill St., E3V 1H8
Grand Falls	Cabatu, M.D.	1015 Regent St., Suite 503, E3B 6H5
Hampton	Cyr, J.G.	Box 2757, E0J 1M0
Moncton	Keith, K.L.	Hampton Medical Clinic, P.O. Box 572, Hall Road, E0G 1Z0
Oromocto	Bacongallo, B.E.	13 Winter Ave., E1C 5X2
Riverview (N.B.)	Prescott, G.A.	34 William St., E1C 2G5
Saint John	Prosser, R.G.	33 Loisville St., E2V 1B9
St. Stephen	Robertson, R.S.	BMC - CFB Gagetown, E0G 2P0
	Thomas, P.L.	567 Coverdale Rd., E1B 3K7
	Garland, B.E.	747 Manawagonish Rd., E2M 3W8
	Morgan, L.I.	100 Westmount Drive, E2L 3W2
	Pinder, L.J.	Veazey St., E3L 2R8

2.2

2.2.1

Alma

Alouette

Amos

Ancienne-Lorette

Asbestos

Baie-Comeau

Beloeil

Buckingham

Cap-de-la- Madeleine

Chibougamau

Chicoutimi

Dorval

Fort Chimo (Kuujjuag)

Fort Coulonge

Gaspé

Gatineau

Granby

Grande Rivière

Grand'Mère

Greenfield Park

Hull

Joliette

Jonquière

Lachute

La Sarre

La Tuque

Laval

Longueuil

Matane

Mont-Laurier

Montréal

New Richmond

Pointe-Claire

Québec

Richelain

Rimouski

Rouyn

St-André-Avelin

QUEBEC REGIONQuebec

Bolduc, Y.	Clinique médicale du Centre Ville, 541, rue Collard ouest, G8B 1N1
Coulombe, C	Medecin-Chef, 3E Escadrille-Bagotville, G0V 1A0 BFC Bagotville - Hospital, G0V 1A0
Walker, C.M.	162 - 1ère avenue ouest, J9T 1V2
Paradis, Y.	1364, rue St-Jacques, Suite 1000, G2E 2X1
Grenon, G.	605 Boul. Simoneau, J1T 4G7
Melancon, F.	Centre Hospitalier Régional, 635 boul. Joliet, G5C 1P1
Cliche, M.	Centre médical communautaire, 545 boul. Laurier, J3G 4H8
St-Onge, M.	617, Principale, J8L 2H4
Lafrance, R.	227, rue St-Paul, G8T 4X8
Bellemare, J.L.	878 - 6e rue, G8P 1W2
Dufour, J.G.	1699, des Grives, G7H 5R6
Girard, B.	1388, boul. Saguenay est, G7H 1G8
Lachance, J.C.	352 Avenue Dorval, Suite 209, H9S 3H8
Daemen-Darveau, H.	209-352, av. Dorval, H9S 3H8
Landry, H.J.	1405 Autoroute Transcanadienne, Suite 120, H9P 2V9
Perlman, R.J.	Centre hospitalier de l'Ungava, C.P. 149, J0M 1C0
Mercier, D.	C.P. 220, J0X 1V0
Benfey, M.C.	Clinique médicale du Havre, 9 rue Adams, C.P. 1930, G0C 1R0
Forest, F.L.	100-195, boul. Gréber, J8T 3R1
Plouffe, D.	135, 4e rue St. Antoine Nord, J2G 5G7
Dupont, R.	753 Chemin Petit Pabos, G0C 2V0
Poliquin, R.	790, 4e rue., G9T 4T8
Busque, D.	Centre Médical, 126 boul. Taschereau, J4V 2H2
Duchastel, P.A.	35 boul. Taché, J8X 3L2
Barrette, M.	Clinique Médicale Riel, 455 Boul. Riel, J8Z 2J8
Cazeaux, M.	504, St-Louis, J6E 2Z2
Boyer, C.	2211 de l'Hôpital, G7X 4H7
Gagnon, C.	360 Principale, J8H 2Z8
Lynch, M.	671, 2e rue est, Suite 400, J9Z 3J7
Perrier, G.	598, Elisabeth, G9X 2C1
Bergeron, P.	300, boul. de la Concorde est (Duvernay), H7G 2E6
Bélanger, C.	2630, 30e rue, H7R 2J2
Maisonneuve, J.H.O.J.	2220 Chemin Chamby, 2e étage, J4J 3Z3
Michaud, J.G.	A/S Pratt & Whitney, 1000 Marie-Victorin, J4G 1A1
L'Heureux, J.	Clinique médicale, 330, Bonpaster, G4W 3E0
Blouin, R.	Clinique médicale de Mont-Laurier, 304, de la Madone, J9L 1R7
Landry, R.	60 St-Jacques, 5e étage, H2Y 1L5
Blicker, S.S.	6100, du Boisé, H3S 2W1
Charest, M.	800 René Lévesque, Suite 2010, H3B 1X9
Greenberg, S.	Westside Medical Clinic, 6484 Ouest rue Sherbrooke, H4B 1N2
Harrold, A.J.	Clinique médicale Ahuntsic, 241, Fleury ouest, Local 014, H3L 1V1
Leduc, J.R.	Centre Médical Alcan, 1188 Sherbrooke ouest, H3A 3G2
Martin, S.C.	1100 - 500, rue Sherbrooke ouest, H3A 3C6
Pelletier, M.	5845 Côte-des-Neiges, H3S 1Z4
Reisler, H.	31 Westminster Nord, H4X 1Y8
Thériault, A.	Clinique Médicale d'Air Canada - ZIP 239
Thibeault, C.	Succ. St-Laurent, C.P. 14000, H4Y 1H4
Vermette, L.N.	500 ouest Sherbrooke, Bureau 1100, H3G 3C6
Bélanger, M.	Clinique médicale de New Richmond, C.P. 789, G0C 2B0
Moore, F.C.	241 Lakeview Ave., H9S 4C8
Boutin, M.	2145 Chemin Ste-Foy, G1V 1F1
Trempe, S.	1000, Chemin Ste-Foy, Suite 304, G1S 2L6
Laflamme, L.	BFC St-Jean, J0J 1R0
de Repentigny, G.	101, rue Lavoie, G5L 5Y2
Vallières, G.	8, rue du Terminus Est, J9X 3B4
Bertrand, J.P.	120B, Rue Principale, J0V 1W0

Quebec (cont'd)

St-Donat	Hébert, J.-M.	377, du Foyer, J0T 2C0
St-Félicien	Gagné, C.	1197, Bellevue sud, C.P. 1060, G8K 1G5
St-Georges	Dion, M.	13555, boul. Lacroix, G5Y 1P1
St-Hubert	Dauphinais, L.	Clinique Médicale, BFC, J3Y 5T4
St-Janvier	Archambault, C.	12800 rue de l'Avenir, J0N 1L0
St-Jean	Senikas, A.	300 - 900, Séminaire, J3A 1C3
St-Jean-Port-Joli	Laberge, R.	C.P. 217, G0R 3G0
St-Jérôme	Léonard, C.	298, rue Labelle., J7Z 5L1
St-Jovite	Reid, A.	1004, Ouimet, C.P. 545, J0T 2H0
St-Laurent	Wagner, D.	6363 Route Transcanadienne, Bureau 121, H4T 1Z9
St-Pascal	Roussel, R.	C.P. 1299, 341 Rochette, G0L 3Y0
St-Sauveur	Ménard, S.	70, rue Principale, J0R 1R0
Ste-Foy	Delaney, W.L.	600 - 6e Avenue, Ste-Foy, G2E 5W1
Schefferville	Blouin, D.	Centre de santé, C.P. 1450, G0C 2T0
Sept-Îles	Drouin, J.	78, rue Lemaire, G4S 1A3
Shawinigan	Tassot, P.-M.	534 - 4ième rue, G9N 1G8
Sherbrooke	Drolet, P.	250, rue King est, J1G 1A9
Sorel	Gladu, M.	160 Heneker, J1J 3G4
Thetford Mines	Ménard, C.	338, boul. Gagné, J3P 5V8
Tring-Jonction	Caron, J.M.	57, Notre-Dame Sud, G6G 1J4
Trois-Rivières	Nadeau, J.C.	107, rue Commerciale, C.P. 158, G0N 1X0
Valcourt	Gauthier, R.	779, Laviolette, G9A 1V7
Val d'Or	Marcoux, A.	525, de l'Eglise, J0E 2L0
Victoriaville	Malenfant, C.	1019, boul. des Pins, J9P 4T2
Ville de la Baie	Provencher, J.P.	42 boul. Carignan, G6P 4Z6
Warwick	Tremblay, S.	123, rue Côté, G7B 3J7
Westmount	Mathieu, Y.	112, St-Louis, J0A 1M0
	Hackett, C.D.	245 Victoria Ave, Suite 550, H3Z 1M6
	Langevin, D.J.G.	C.P. 559, H3Z 2T4

2.2.2

Northwest Territories

Iqualuit

Netcher, M.

P.O. BAG 200, X0A 0H0

2.3

ONTARIO REGION

Almonte

King, J.K.

46 Spring St., Box 1058, K0A 1A0

Aurora

Beveridge, K.

15017 Yonge St., Suite 201, L4G 1M5

Bancroft

Christiansen, H.S.

237 Hastings St. North, P.O. Box 270, K0L 1C0

Barrie

Hicks, J.P.

Medical Arts Bldg., 121 Wellington St. W.,

Belleville

Wainwright, D.O.

Suite 301, L4N 1L2

Medical Arts Bldg., 121 Wellington St. W.,

Suite 312, L4N 1L2

Blind River

Dolan, J.D.

278 Dundas St. E., K8N 1E6

Brampton

Garand, L.

366 North Front St., K8P 5E6

Brantford

Peer, I.G.

6 Longview, P.O. Box 1330, POR 1B0

Brockville

Thicke, B.C.

26 Rambler Drive, L6W 1E2

Burford

Yu, P.

499 Main St. South, Suite 206, Shoppers World, L6Y 1N7

Burlington

Lock, M.S.

Terrace Hill Medical Centre, 217 Terrace Hill St., N3R 1G8

Cambridge

Opper, D.B.

415A Fairview Drive, N3R 7M3

Carleton Place

Wagg, B.D.

82 Emma St., K6V 1S9

Chapleau

Quinlan, P.

4 Maple Ave., N0E 1A0

Chatham

Sansome, D.

1433 Ontario St., L7S 1G5

Cochrane

Perry, P.S.

695 Coronation Blvd., N1R 7J9

Collingwood

Roy, W.A.

69 Lake Avenue West, K7C 1L5

Copper Cliff

Broomhead, F.A.

93 Monk St., P0M 1K0

Cornwall

Gamble, J.B.

20 Victoria Ave., N7L 2Z6

Don Mills

Slater, J.G.L.

135 Sixth Ave., P.O. Box 1600, P0L 1C0

Downsview

Cowan, J.B.

P.O. Box 460, L9Y 3Z4

Lapointe, J.H.

135 Third Street, L9Y 1K7

Merali, S.Y.

Copper Cliff Clinic, 38 Godfrey Drive, Box 729, P0M 1N0

Gatien, R.

820 McConnell Ave., Suite 212, K6H 4M4

Maxmen, M.D.

4 Parmbelle, Cres., M3A 3G6

Birenbaum, S.J.

Keele Medical Place, 2830 Keele St. 2nd Floor, M3M 3E5

Ontario (cont'd)

Dryden	(See Central Region)	170 Spruce St., P5A 2C5
Elliott Lake	Long, W.J.	The McMillan Bldg., 170 Spruce St., P5A 2J6
Elmira	McMillan, N.L.	2, Park Street West, N3B 1L1
Etobicoke	Peters, J.	Humber Town Hall, 270 The Kingsway, M9A 3T7
Exeter	Preobrazenski, R.	881 Royal York Road, M8Y 2V5
Fenelon Falls	Keogh, J.T.	469 William St., N0M 1S2
Finch	Ecker, D.A.	205 Francis St. E., Box 760, K0M 1N0
Fort Erie	Dickson, P.J.	P.O. Box 28, K0C 1K0
Fort Frances	MacMillan, D.K.	Douglas Medical Centre, 238 Bertie St., L2A 1Z3
Geraldton	Byrne, J.J. (SEAN)	
Gloucester	(See Central Region)	
Goderich	Laine, R.E.	P.O. Box 760, 407 Main St., P0T 1M0
Grand Valley	Trépanier, J.R.	879 Shefford Rd., K1J 8H9
Gravenhurst	Cieslar, H.R.	164 Essex St., N7A 2H7
Guelph	Mallin, C.	21 Main St. North, P.O. Box 340, L0N 1G0
Hamilton	Mulder, D.	Grand Valley Medical Clinic, 21 Main St., Box 219, L0N 1G0
	Goodwin, J.G.	Gravenhurst Medical Assoc., 260 Muskoka St., P0C 1G0
	Scott, W.A.	91 Waterloo Ave., M1H 3H6
	Vaughan, P.W.	21 Surrey St. West, Suite 108, N1H 3R3
	Byrne, E.H.	1088 Fennel Ave. East, L8T 1R8
	Keller, E.	666 Upper James Street, L9C 2Z3
	Mielke, C.	The Sir William Osler Health Institute, 565 Sanatorium Rd., L9C 7N4
	Porter, R.E.A.	Wellington Medical Clinic, 293 Wellington St. North, L8L 8E7
Hanover	Shapiro, F.	Wilson Medical Centre, 136 Wilson St., L8R 1E2
Hawkesbury	Clark, K.W.	Hillcrest Medical Centre, 118 - 7th av., N4N 2G9
Hearst	Fréchette, R.	2855 Front Rd., K6A 2R2
Huntsville	Proulx, B.	P.O. Box 128, P0L 1N0
Iroquois	Williams, K.	348 Muskoka Rd. 3 North, Suite 201, P0A 1K0
Kanata	Prins, H.B.	Iroquois Medical Centre, K0E 1K0
Kemptville	Lacy, R.A.	99 Kakulu Rd., Suite 215, K2L 3C8
Kenora	Viner, N.	210-308 Palladium Dr., K2V 1A1
Kingston	Léonard, G.J.	215 Van Buren St., K0G 1J0
Kirkland Lake	(See Central Region)	
Kitchener	Hobbs, R.N.	220 Bagot Street, K7L 5E9
	Larabie, L.C.	797 Princess St., Suite 410, K7L 1G1
	Weston, W.F.D.	841 Princess St., K7L 1C3
	Durocher, W.P.	42 Second St., Level 2, P2N 1R1
	Culver, D.	625 King Street East, L 3 Unit, N2E 3J2
	McMurphy, N.R.	36 Ellen St. East, N2H 1L4
	Nantes, S.	751 Victoria St. South, N2M 5N4
	Pope, J.	395 Greenbrook Drive, N2M 4K1
	Wilcock, J.J.	Victoria Westmount Centre, 751 Victoria St. South, Suite 203, N2M 5N4
Lancaster	Conway, D.F.	Highland Park Medical Centre, Unit #5, 525 Highland Road West, N2M 5K1
Lindsay	Davies, H.R.	Lancaster Medical Clinic, Box 340, K0C 1N0
Little Current	Stephen, D.	87 Adelaide St. N., K9V 4L4
London	Bates, W.P.	Box 549, P0P 1K0
Manotick	Malizia, M.L.	25 Baseline Rd. W., Suite 11, N6J 1V1
Maple	Spurgeon, C.H.	1033 Dundas St., N5W 3A4
Markham	Sutherland, D.K.	570 Waterloo St., N6B 2P9
Mississauga	Agate, W.A.	Manotick Medical Centre, Box 580, K0A 2N0
	Gillmore, T.A.	9983 Keele St., Ste. 102, P.O. Box 489, L0J 1E0
	Birenbaum, S.J.	2316 Major MacKenzie Drive, L5A 1R8
	Hopkins, P.D.	Buttonville Medical Centre, 2833-16th Avenue, Box 110, L3R 0P8
	Jovey, R.D.	Canadian Airlines Medical Clinic, 3111 Convair Drive, L5P 1C2
		Medclinic 2000, Suite 124, 2000 Credit Valley Road, L5M 4N4

Ontario (cont'd)

Moosee	Knipping, R.P.	Preventive Health Group, 5925 Airport Road, Suite 430, L4V 1W1
Mount Forest	Moore, J.W.	2155 Leanne Blvd., Suite 236, L5K 2K8
Mount Hope	Palad, C.G.	The Malton Medical Group, 7084 Airport Rd., L4T 2G9
	Saldanha, C.F.	4665 Central Parkway East, Unit 9, L4Z 1M2
	Symons, D.F.	170 Queensway West, Suite 208, L5B 3A8
	Stewart, L.J.	Box 370, P0L 1Y0
Mount Pleasant	Babey, K.S.	336 Parkside Dr., P.O. Box 148, N0G 2L0
Nepean	Ridge, J.W.	P.O. Box 219, L0R 1W0
Newmarket	Ridge, R.W.	P.O. Box 219, L0R 1W0
Niagara Falls	Carson, J.H.	680 Mount Pleasant Road, N0E 1K0
North Bay	Gill, J.W.	10 - 3500 Fallowfield Road, K2J 4A7
	Takahashi, G.Y.	112-21 Antares Dr., K2E 7T8
	Aubrey, M.E.	531 Davis Drive, Suite #307, L3Y 6P5
	Goodwin, D.M.	3640 Portage Rd., L2J 2K7
	Dellandrea, D.A.	Medical Arts Bldg., 1950 Algonquin Ave., Suite 204, P1B 4Z2
	Stephenson, R.J.	111 Main St., West, Suite 202, P1B 2T6
North York	Wallace, G.M.	Centennial Cres., R.R. 2, (Corbeil), P0H 1K0
	Lau, M.J.	5799 Yonge St., Suite 705, M2M 2V3
	Naiberg, M.B.	The Medical Centre, 45 Sheppard Ave. East, Suite 105, M2N 5W9
Oakville	Ross, A.L.	1060 Speers Rd., Suite 208, L6L 2X4
Orangeville	Bain, J.M.	75 Fifth Avenue, L9W 1G3
Orillia	Domegan, P.R.	15 Elizabeth St., Suite L-17, L9W 3X3
Orléans	Francis, M.L.	260 Mississauga St., West, L3V 3B8
Oshawa	Dansereau, R.	2555 St. Joseph Blvd., Suite 208, K1C 1S6
Ottawa (See also Orléans, Gloucester, Kanata and and Nepean)	Winzer, W.P.	2555 St. Joseph Blvd., Suite 406, K1C 1S6
	Finch, G.C.	117 King St. E., L1H 1B9
	Davison, P.D.	Hunt Club Medical Centre, 3328 McCarthy Rd., K1V 9X5
	Deutsch, L.J.	1929 Russell Road, Suite 324, H1G 4G3
	Hilborn, D.J.	885 Meadowlands Dr., Ste. 503, K2C 3N2
	Hill, C.E.	202 O'Connor St., K2P 1T6
	Nadon, V.F.G.	University of Ottawa, Health Services, 300 - 100 Marie Curie, K1N 6N5
Owen Sound	Skjenna, O.	15 Baslaw Drive, K1G 5J8
Parry Sound	Chamberlain, G.E.	850 Alpha St. W., Ste. 104, N4K 5W8
Pembroke	Cook, S.D.	The Wright Clinic, 57 James St., P2A 1T6
Perth	George, W.D.	c/o The Wright Clinic, 57 James St., P2A 1T6
Peterborough	Knight, A.C.	Medical Associates, 15 James St., P2A 1T4
Petrolia	Lloyd, R.M.	Riverside Medical Centre, 101 Joseph St., K8A 8C9
Pickle Lake	Maartense, C.P.	201 Deacon St., K8A 2J6
Picton	Drummond, A.J.	39 Drummond St. W., K7H 2J9
Pickering	Boyd, C.L.	185 King St., Ste 200, K9J 2R8
Port Edward	Bryan, T.J.B.	1179 Summit Drive, R.R. No. 3, K9J 6X4
Port Hope	Neville, J.	337 Reid St., K9H 4G3
Port McNicoll	MacDonald, W.A.C.	360 Centre Street, N0N 1R0
Port Perry	Shabsove, H.B.	4141 Lorne Ave., N0N 1R0
Red Lake	(See Central Region)	
Renfrew	Janikowski, A.M.	389 Main St. East, P.O. Box 2090, K0K 2T0
	MacLennan, V.L.	1885 Glenanna Rd., Suite 210, L1V 6R6
	Prendiville, W.G.M.	704 Mara Street, N7V 1X4
	Kerin, N.A.	Port Hope Professional Building, Suite 202, 249 Ontario St., L1A 2V9
	Besley, R.H.	First St., L0K 1R0
	Puckrin, P.H.	462 Paxton Street, L9L 1L9
	(See Central Region)	
	Duggan, R.M.	500 Raglan St. N., K7V 1P5
	Mickus, V.A.	369 Barr St., K7V 1J7
	Krystolovich, L.W.	Suite 414, 250 Harding Blvd. West, L4C 9M7
	Lorenzen, D.I.	7 Geneva St., L2R 4M2
	Redman, J.A.	Grantham Plaza, Scott St., L2M 3W4
	Emrich, G.A.	18 East St., NSP 2P7
	Bartlett, J.M.	481 London Road, N7T 4X3

Ontario (cont'd)

Sarnia (cont'd)	Gannon, W.A.	420 North East St., N7V 4E4
Sault Ste. Marie	MacKinlay, A.K.	914 Murphy Rd., Unit 4, N7S 5C4
	Alexandre, L.E.	955 Queen St. E., Suite 320, P6A 2C3
	Chow, P.H.	974 Queen St. E., Suite 204, P6A 2C5
	Kuntz, M.P.	974 Queen St., Suite 203, P6A 2C5
	Waymouth, W.E.	Algoma District Medical Group, 240 McNabb St., P6B 1Y5
Scarborough	Isaac, G.H.	2901 Lawrence Ave. E., Suite 201, Professional Place, M1P 2T3
Shelburne	Poggemiller, T.	4190 Finch Ave. E., Suite 401, M1S 4T7
	Taylor, J.R.	R.R. No. 1, L0N 1S0
Simcoe	Vanderburgh, G.A.	P.O. Box 204, L0N 1S0
Sioux Lookout	Brun Del Re. R.	5 Brook St., N3Y 3G4
Smiths Falls	(See Central Region)	
Smooth Rock Falls	Conway, J.R.	155 Elmsley St. North, K7A 2H6
South Porcupine	Yunker, P.J.	13 William Street West, K7A 1M8
Stouffville	Breeck, K.J.	Fall's Medical Clinic, PO Box 219, P0L 2B0
Stratford	Ormerod, B.	110 Golden Ave., P0N 1H0
	Smith, D.H.	P.O. Box 1089, 154 Main St., L0H 1L0
Strathroy	Caulfeild, R.T.	Stratford Municipal Airport, R.R. #1, N5A 6S2
Sturgeon Falls	Loney, E.M.	342 Erié St., Suite 103, N5A 2N4
	Marshall, J.N.	31 Caradoc St. North, N7G 2M5
	Lynch, J.J.	Sturgeon Falls Clinic, 180 Nipissing St., Box 1077, P0H 2G0
Sudbury	de Blacam, K.	1813 Lasalle Blvd., P3A 2A3
	St-Denis, R.A.	4155 Fernand Ave., Hanmer, P0M 1Y0
	Sawkiw, R.B.	65 Larch St., Suite 402, P3E 1B8
Terrace Bay	Wilkes, K.W.	P.O. Box 819, P0T 2W0
Thorndale	Chapeskie, H.H.	Box 130, N0M 2P0
Thornhill	Magee, G.	8188 Yonge St., L4J 1W5
Thunder Bay	(See Central Region)	
Timmins	Boyd, W.T.	138 - 3rd Ave., P.O. Box 787, P4N 7G7
Tobermory	Harpur, G.D.	Tobermory Medical Clinic, Box 220, N0H 2R0
Toronto	Appleford, L.D.	National Bank Bldg., 150 York St., Suite 1514, P.O. Box 32, M5H 3S5
	Bekeris, E.	Air Canada Medical Services, 6500 Silver Dart Dr., Section F, 3rd Floor, L5P 1B4
	Brown, D.S.	Clarke, Brown Associates, 61 Queen Street East, 8th Floor, M5B 1W8
	Gillmore, T.A.	Air Canada Medical Services, 6500 Silver Dart Dr., Section F, 3rd Floor, L5P 1B4
	Gray, G.W.	MDS Executive Health Clinic, 4 King St. West, Suite 202, M5H 1B6
	Hopkins, P.D.	2490 Bloor St., M6S 1R4 & 2489 Bloor St. West, Suite 306, M6S 1R6
	Lake, R.	208 Bloor St. W., Suite 300, M5S 1T8
	Mansfield, G.J.	2221 Keele St., Suite 205, M6M 3Z5
	Martyn, L.	Front Frederick Medical Centre, 145 Front St. East, M5A 1E3
	Porter, W.R.	Commerce Court East Medical Centre, 3rd Floor, P.O. Box 37, M5L 1A1
	Seiden, H.S.	145 Front St. East, M3A 1E3
	Sherkey, J.A.	168 Annette St., M6P 1P4
	Tucker, A.G.	Air Canada Medical Services, 6500 Silver Dart Dr., Section F, 3rd Floor, L5P 1B4
	Winsor, C.E.	Air Canada Medical Services, 6500 Silver Dart Dr., Section F, 3rd Floor, L5P 1B4
	Woolley, B.A.	Laurentian Health Services, 95 St. Clair Ave. W., 16th Floor, M4V 1N7
Trenton	Bailey, W.S.	21 Quinte St., Suite 3, K8V 3S7
Unionville	Sun, C.	64 Ontario St., K8V 6H9
Virgil	Dobson, W.M.	105-4581 Highway #7, L3R 1M6
	Costello, L.M.	Niagara Medical Professional Centre, P.O. Box 10, L0S 1T0

Ontario (cont'd)

Waterdown	Mulzer, P.G.G.	72 Main Street North, P.O. Box 942, L0R 2H0
Wawa	Gasparelli, R.E.	96 Broadway Ave., P.O. Box 1388, P0S 1K0
Welland	Lamb, D.J.	Medical Arts Building, 165 Plymouth Road, L3B 3E1
Weston	MacPherson, B.E.	15 John St., M9N 1J2
Whitby	Gaal, J.M.	220 Dundas St. West, Suite 404, L1N 8M7
Wiarton	MacNay, K.R.	Box 488, N0H 2T0
Willowdale	Moore, M.S.	701 Sheppard Ave. East, Suite 307, M2K 1C2
	Rein, A.	20 Greenfield Ave., M2N 3C8
	Stevenson, W.J.C.	47 Bellbury Cr., M2J 2J9
	O'Neil, M.R.	1100 Ouellette Ave., N9A 1C9
Windsor	Oswald, A.	Windsor Industrial Medical Clinic, 6720 Hawthorne Rd., N8T 1J9
		269 L'Espérance Road, N8N 1W2
Wingham	Stiller, G.	Medical Arts Bldg., 175 John St. E., N0G 2W0
Woodstock	McGregor, J.K.	379 Hunter St., N4S 4G3
	Heaton, K.	550 Ingersoll Ave., N4S 4Y3

2.4

2.4.1

Dryden	Dove, J.F.C.	Dingwall Medical Clinic, Box 3011, P8N 2Z2
	Ford, S.E.	53 Whyte Ave., P8N 1Z4
	Whittaker, M.E.	Box 3011, P8N 2Z6
	Woods, P.A.	56 King Street, P8N 1B6
Fort Frances	Algie, R.I.	Fort Frances Clinic, 301 Victoria Ave., P9A 2C1
	Johnstone, B.T.	Fort Frances Clinic, 301 Victoria Ave., P9A 2C1
Kenora	Beveridge, J.E.	45 Wolsley Street, R.R. #1, P9N 3W7
	Daly, B.G.	45 Wolsley St., P9N 3W7
	Delamere, P.M.	Harbourfront Medical Clinic, 25 Main St. S., P9N 1S8
Pickle Lake	Von Herbing, J.E.H.	P.O. Box 302, P0V 3A0
Red Lake	Aniol, W.	Box 311, P0V 2M0
	Zielke, D.B.	Box 311, P0V 2M0
Sioux Lookout	Kelly, L.F.J.	P.O. Box 489, P0V 2T0
	Minty, R.G.	The Clinic, P.O. Box 489, P0V 2T0
	Morgan, J.E.	The Clinic, P.O. Box 489, P0V 2T0
Thunder Bay	Byers, S.J.	Port Arthur Clinic, 194 N. Court St., P7A 4V7
	Cameron, B.W.	1265 Arthur St. E., Suite 500, P7E 6E7
	Lower, A.H.	710 Confederation Drive, P7E 3N4
	Munro, I.M.	Confederation Health Unit, P.O. Box 398, P7C 4W1

2.4.2

Altona	Kliewer, K.L.	Box 878, R0G 0B0
Ashern	Isaacs, R.L.	Box 350, R0C 0E0
Beauséjour	Corder, D.W.	Box 970, 30 - 3rd St., R0C 0C0
Brandon	Kotecha, Y.	Brandon Medical Arts Bldg., 339 Princess Ave., R7A 0N7
	Loader, K.R.	The Brandon Clinic, 620 Dennis St., R7A 5E7
	Norman, C.R.Y.	Western Medical Clinic, 144 - 6th St., R7A 3N2
	Petrinack, N.F.	Brandon Clinic, Box 280, R7A 5Z2
	Thornington, M.J.	Western Medical Clinic, 144-6th St., R7A 3N2
Carberry	Beveridge, T.F.	P.O. Box 208, R0K 0H0
Dauphin	Colborne, W.H.	622 - 3rd Street S.W., R7N 1R5
	Warrian, W.G.	622 - 3rd Street S.W., R7N 1R5
Deloraine	Lockhat, H.S.	Box 429, 109 Kellet Street, R0M 0M0
Flin Flon	Kucparic, P.	P.O. Box 460, 36 Main St., R8A 1J6
Gillam	Kits, D.	P.O. Box 2000, R0B 0L0
Gimli	Chapnick, C.	P.O. Box 1890, R0C 1B0
	Patel, S.V.	Box 1110, R0C 1B0
Killarney	Dow, G.E.	Killarney Medical Centre, R0K 1G0
	Woods, M.L.	Box 1690, R0K 1G0
Lac du Bonnet	Connor, W.C.	Box 279, R0E 1A0
Lynn Lake	De Clerk, A.B.	Box 2030, R0B 0W0

Manitoba (cont'd)

Morden	Unruh, C.J.	200, 110-2nd St., R6M 1Y1
Oakbank	Macek, R.K.	Springfield Clinic, 689 Main St., R0E 1J0
Pinawa	Petkau, A.	Pinawa Medical Clinic, Box 400, R0E 1L0
Pine Falls	Kuschke, J.M.	Box 1500, R0E 1M0
Portage La Prairie	Howden, W.A.	Portage Clinic, 140 - 9th St. S.E., R1N 3V5
Russell	Lu, F.K.L.	Russell Clinic, R0J 1W0
Selkirk	Fuchs, G.R.	353 Eveline St., R1A 1N1
Souris	Cram, D.H.	Box 400, R0K 2C0
Steinbach	Giesbrecht, D.R.	Box 849, R0A 2A0
Stonewall	Kristjanson, M.	3 Westside Plaza, Westside Medical Clinic, Main St., R0C 2Z0
Swan River	Joshi, D.	110 - 6th Avenue South, R0L 1Z0
The Pas	Singh, M.	P.O. Box 1344, R0L 1Z0
Thompson	Evans, D.R.	P.O. Box 2200, R9A 1L8
	Oosthuizen, B.	Professional Building, 55 Selkirk Drive, R8N 0M5
Thompson	Rich, A.D.	Professional Bldg., 55 Selkirk Ave., R8N 0M5
Virden	Stroh, G.	55 Selkirk Ave., R8N 0M5
	Elliott, I.F.	1st Ave., Virden Medical Associates, Box 730, R0M 2C0
Winnipeg	Albak, R.	Assiniboine Clinic, 633 Lodge Ave., R3J 0S9
	Boylan, M.F.	Hargrave Clinic, Main Floor, 309 Hargrave St., R3B 2J8
	Fogel, M.L.	Air Canada Medical Clinic, Air Canada Cargo Bldg., 209 - 2020 Sargent Ave., R3H 0C9
	Hildahl, C.R.	2217 Pembina Hwy., R3T 2H1
	Kati, A.	1663-B St. Mary's Rd., R2N 1Z3
	Lange, H.N.	Parkview Professional Centre, 109 - 2110 Main St., R2V 2C2
	Lee, H.B.	Rossmere Medical Clinic, 1046-C Henderson Hwy., R2K 2M5
	Lee, S.	University Health Service, 104 University Centre Bldg., 45 Gillson St., R3T 2N2
	Matthews, G.B.	Assiniboine Clinic, 633 Lodge Ave., R3J 0S9
	Pawluski, K.	Wildwood Medical Centre, 1151 Pembina Hwy., Lower Level, R3T 2A3
	Peterson, J.D.	Windsor Park Medical Centre, 159 St. Anne's Rd., R2M 2Z5
	Prodan, O.	Winnipeg Clinic, 425 St. Mary Ave., R3C 0N2
	Shnider, M.	Suite 201 - 1151 Pembina Hwy., R3T 2A3
	Smart, J.R.A.	Charleswood Medical Clinic, 3360 Roblin Blvd., R3R 0C5
	Swires, R.I.	R.C.M. Police "D" Division, Box 5650, R3C 3K2
	Young, J.D.	Assiniboine Clinic, 633 Lodge Ave. (St. James), R3J 0S9

2.4.3

Assiniboia	Juell, N.D.	Box 1559, 501 - 4th Ave. E., S0H 0B0
Davidson	Al-Katib, F.M.	The Davidson Clinic, Box 698, S0G 1A0
	Ramgotra, B.S.	P.O. Box 957, S0G 1A0
Estevan	Bassi, A.S.	400 King Street, S4A 2B4
	Tsoi, E.Y.K.	400 King Street, S4A 2B4
Esterhazy	Ford, A.J.	Box 1270, S0A 0X0
Eston	Holmes, S.E.	Eston Clinic, Box 9, S0L 1A0
Gravelbourg	Pillay, I.P.	619 Main St., Box 150, S0H 1X0
Hudson Bay	Gelhorn, D.G.	Hudson Bay Medical Group, P.O. Box 1170, S0E 0Y0
Humbolt	Kirchgesner, D.	Box 220, S0K 2A0
Indian Head	Zimmermann, D.R.B.	Box 790, S0G 2K0
Kamsack	Davies, M.W.	Box 940, S0A 1S0
Kindersley	Gerein, H.T.	Kindersley Clinic, Box 1390, S0L 1S0
Kipling	Schneeberger, S.J.	Box 670, S0G 2S0
Kinistino	Moe, J.F.	Box 100, S0J 1H0
La Ronge	De Wit, A.J.	Box 240, S0J 1L0

Saskatchewan (cont'd)

La Ronge (cont'd)	Fowler, W.C.	P.O. Box 240, S0J 1L0
Lloydminster	Sayeed, R.	4615 - 49th Ave., Box 800, S9V 0T1
Maidstone	Dick, B.J.	Box 369, S0M 1M0
Maple Creek	Crawshaw, T.S.B.	P.O. Box 1659, 101 Maple St., S0N 1N0
Meadow Lake	Dottridge, A.	Box 1510, S0M 1V0
Melfort	Johnson, M.L.	Meadow Lake Associate Clinic, Box 244, S0M 1V0
Melville	Kolke, R.H.	Associate Medical Clinic, P.O. Box 1690, S0E 1A0
Moose Jaw	Lavoie, L.A.	Associate Medical Clinic, P.O. Box 1690, S0E 1A0
	Human, G.P.	Melville Medical Centre, Box 209, S0A 2P0
	Davids, P.	15 Wing Medical Squadron, CFB Moose Jaw, S6H 7Z8
	Hobson, S.G.	Moose Jaw Clinic, suite 200, 12 High Street East S6H 0B9
	Josdal, T.M.	550 Main St. North, S6H 3K3
	Morris, F.R.	503 - 111 Fairford St. E., S6H 7Y5
	Randall, J.P.	15 Medical Squadron, CFB Moose Jaw, 15 Wing, Box 5000, S6H 7Z8
Naicam	Skanes, D.A.	15 Medical Squadron, 15 Wing, Box 5000, C.F.B. S6H 7Z8
Nipawin	Mettle, A.	302 - 2nd Ave., S0K 2Z0
North Battleford	Christiansen, H.	Box 1925, S0E 1E0
	Morton, D.	1332 - 100th Street, Box 850, S9A 0V8
	Smith, I.M.	North Battleford Medical Clinic, Box 850, 1332 - 100th St., S9A 0V8
Prince Albert	Danielson, J.D.	110-8th St. East, S6V 0V7
	Halyk, M.A.	Crescent Heights Family Medical Centre, Carlton Court Plaza, #114, 2805-6th Ave. East, S6V 6Z6
	Kuling, P.J.	Associate Medical Clinic, 400 Medical Bldg., S6V 3K8
Regina	Ahmed, D.S.	Northgate Medical Centre, Northgate Mall, S4R 3C3
	Dufour, W.M.	R.C.M.P. Training Academy Health Services, Box 6500, S4P 3J7
	Soni, R.K.	Northgate Medical Centre, Northgate Mall, S4R 3C3
	Suri, P.K.	216 Medical Dental Bldg., S4P 1Z8
	Ledding, M.D.J.	Box 340, S0L 2V0
	Balaton, J. (Sr.)	1108 Central Ave., S7N 2H1
	Balaton, J.M. (Jr.)	1108 Central Ave., S7N 2H1
	Boan, D.H.	Department of Academic Family Med. Royal University Hospital, 103 Hospital Dr. S7N 0W8
	Chernenkoff, W.	502 Queen St., S7K 0M5
	Coates, B.A.	26-1501 8th St. East, S7H 5J6
	Fern, B.J.	3333 - 7B 8th Street E., S7H 4K1
	Firor, W.B.	Exercise Laboratory, Ellis Hall, University of Saskatchewan, S7N 0X0
	Nykiforuk, E.M.	201 - 149 Pacific Ave. North, S7K 1N8
	Taillon, P.A.	612 Medical Arts Bldg., S7K 3H3
	Vogel, M.	Shaunavon Medical Clinic, Box 1117, S0N 2M0
	Spencer, J.L.	Box 760, S0J 2E0
	Michaud, J.R.	Box 10, S0J 2M0
	Biem, H.B.	Swift Current Clinic, 363 Central Ave. N., S9H 0L5
	Johnston, D.	Young Clinic, 58 Central Ave. N., S9H 0K7
	Shewchuk, J.J.	Box 1510, S0E 1T0
	Erasmus, D.E.	Box 1866, S0K 4L0
	Ganson, I.C.	P.O. Box 360, S0J 2W0
	Nataraj, Y.	Nataraj Medical Clinic, 230 Main St., Box 910, S0A 4J0
	Cenaiko, F.	Wakaw Medical Clinic, S0K 4P0
	Choo-Foo, G.F.	Box 424, S0G 5A0
	Squires, W.G.	420 Souris Ave., S4H 0C8
	Stewart, B.E.M.	24 - 4th Street, S4H 0X7
	Bhairo, K.	Box 327, S0K 4W0
	MacIntyre, J.A.	9B - Third Ave. N., S3N 1C1
Shaunavon		
Shellbrook		
Spiritwood		
Swift Current		
Tisdale		
Uranium City		
Wadena		
Wakaw		
Wawota		
Weyburn		
Wilkie		
Yorkton		

2.5

WESTERN REGION

2.5.1

Athabasca
Banff
Barrhead
Brooks
Calgary

Mol, A.
Patterson, H.S.
Godberson, C.V.
Gammon, M.L.H.
Adams, B.D.
Chandler, C.R.
Chisholm, W.M.

Crutcher, R.A.
Dallison, F.L.

Fraser, R.M.
Geoghegan, M.A.

Goddard, D.G.K.
Haigh, G.
James, S.T.

Lam, A.K.S.
McLean, W.N.A.
Murray, A.R.

Sanders-Goebel, P.J.
Seto, M.F.
Sood, B.K.

Thorne, J.D.
Tittemore, D.L.

Vogel, M.J.

Waddell, C.D.
Zabrodski, R.
Ziegler, R.

Camrose

Cardston
Coaldale
Coronation
Devon
Drayton Valley

Drumheller
Edmonton
(See also Sherwood
Park and St. Albert)

Corrigan, T.M.
Tober, G.P.
Hansen, W.B.
Geers, J.A.S.
Hanton, D.A.
Khullar, S.K.
Cookson, W.
Peyton, M.A.
Miller, D.D.
Bell, N.R.

Brownoff, R.
Deane, J.A.
Dlin, R.A.

Fernando, J.T.L.C.
Flanagan, W.H.

Jespersen, R.E.
Johnston, A.G.
Mabbott, J.D.
Mackel, J.V.
Pretty, G.C.

Rankin, A.S.
Robson, A.

Alberta

4819-49 St, T9S 1C4
Box 1105, T0L 0C0
Barrhead Clinic, 5040 - 49A St, Box 940, T0G 0E0
220 4 St. W, BAG 280, TIR 0B1
206 - 1010 - 1 Ave NE, T2E 7W7
101 - 131 - 9 Ave. SW, T2P 1K1
Concept Health Services Ltd.,
Bow Valley Square IV,
240-2506 S, T2P 3H7
Peter Lougheed Centre, 3500-26 Ave NE, T1Y 6J4
Richmond Mediclinic, 162 Richmond Square,
3915-51 St. SW, T3E 6N1
Crowchild Square, 212-5403 Crowchild Trail, NW, T3B 4Z1
Coach Hill Medical Clinic, 6456 Old Banff Coach Rd SW,
T3H 2H4
8330 Fairmont Dr SE, T2H 0Y8
301-4600 Crowchild Trail NW, T3A 2L6
Health Plus Medical Clinic,
290 Midpark Way SE, T2X 1P1
Twinwood Bldg, 101 - 117, 17 NE, T2E 1L7
Kingsland Medical Clinic, 7712 Elbow Dr SW, T2V 1K2
Concept Health Services Ltd., Bow Valley Square IV
240-250 6 Ave SW, T2P 3H7
Westglen Clinic, 4550-17 Ave. SW, T3E 7B9
Westglen Medical Clinic, 4550 17 Ave SW, T3E 7B9
Bowness Medical Centre,
2 - 6331 Bowness Rd NW, T3B 0E4
739 Lake Bonavista Dr SE, T2J 0N2
Richmond Mediclinic, 162 Richmond Square,
3915 - 51 St SW, T3E 6N1
Northwest Professional Centre,
405 - 1640 - 16 NW, T2M 0L6
PCCE 3186, Box 2844, T2P 3E3
101 - 83 Deerpoint Rd, SE, T2J 6W5
Mount Royal College, Health Services,
4825 Richard Rd SW, T3E 6K6
Smith Clinic, 4825 - 51 St, T4V 1R9
Smith Clinic, 4825 - 51 St, T4V 1R9
Cardston Clinic, Box 550, T0K 0K0
1910 - 20 Ave, T1M 1B8
Box 430, T0C 1C0
Box 440, T0C 1E0
Towers Medical Clinic, Box 6270, T0E 0M0
The Malone Medical Clinic, 4955-41 Ave, T7A 1V4
Box 5600, T0J 0Y0
Misericordia Family Clinic,
16940 - 87 Ave, T5R 4H5
Misericordia Family Clinic, 16940 - 87 Ave, T5R 4H5
226 Abbotsfield Mall, 3218 118 Ave, T5W 4W1
Links Clinic Professional Centre,
104-11910 - 111 Ave, T5G 3G6
Downtown Medical Centre, 180-10235-101 St, T5J 3E8
Meadowlark Place Professional Centre,
404 8708-155 St, T5R 1W2
Allin Clinic, 10155 - 120 St, T5K 2A2
104 Medicentre, 5241 Calgary Trail, T6H 5G8
Allin Clinic, 10155 - 120 St, T5K 2A2
Misericordia Family Clinic, 16940 - 87 Ave., T5R 4H5
First Edmonton Place,
1240-10665 Jasper Ave, T5J 3S9
Justik Clinic, 8225 - 105 St, T6E 4H2
1147 - 8770 - 170 St, T5T 4J2

Alberta (cont'd)

Edmonton (cont'd)	Rud, R.C. Scott, I.S. Tilley, J.R. Wilson, E.M.	401-9945 50 St, T6A 0L4 Le Marchand Mansion, 305-11523 - 100 Ave, T5K 0J8 Allin Clinic, 10155 - 120 St, T5K 2A2 Calwood Medical Clinic, 11432 Groat Rd, T5M 4B7
Edson	Weisgerber, C.A.	18 Medical Squadron, 18 Wing, Box 10500, T5J 4J5
Fairview	Duffy, D.A.	Edson Medical Centre, Box 6660, T7E 1V1
Fort MacLeod	Cooper, A.R.	Box 283, T0H 1L0
Fort McMurray	McKernan, P.S.	Box 820, T0L 0Z0
Grand Centre	Lavallee, M.R.	Box 5929, T9H 4V9
Grande Prairie	Nicholson, A.J.B.	9815 Main St., T9H 1T7
Grimshaw	Jones, J.K.	Lakeland Medical Clinic, Bag Service 60, T0A 1T0
High Level	Block, E.W.	Aberdeen Centre, 312-9728 Montrose Ave., Box 23099, T8V 6X2
High Prairie	Lawton, W.H.	Theodore Court Medical Clinic 10015 98 St, T8V 2E7
High River	Wynters, J.F.	Prairie Medical Clinic, 2nd Floor, 10067 - 98 St, T8V 2E7
Hinton	Dehaeck, W.B.C.	Box 1301, T0H 1W0
Lac La Biche	Breugem, D.J.	Box 1168, T0H 1Z0
Lacombe	Laughlin, R.	Box 449, T0G 1E0
Leduc	Jeeva, A.M.	Box 5488, T1V 1M6
Lethbridge	Schneider, W.E.	117 Jasper St, T7V 2A8
Lloydminster	Onischuk, M.	Box 510, T0A 2C0
Mayerthorpe	Ethier, D.R.	Box 220, T0C 1S0
McLennan	Fletcher, R.H.	Box 220, T0C 1S0
Medicine Hat	Malcolm, N.C.	The Malcolm Clinic, 4721 - 47 Ave, T9E 5Y1
Medley	Billett, A.T.	Bigelow-Fowler Clinic, 1605 - 9th Ave S, T1J 1W2
Okotoks	Greidanus, P.G.	Bigelow-Fowler Clinic, 1605 - 9th Ave S, T1J 1W2
Olds	Crossley, S.G.	Lloydminster Clinic, 5120 - 46 St, T9V 2P7
Peace River	Bernier, R.G.J.	Box 903, T0E 1N0
Pincher Creek	Perry, J.R.	Associate Medical Clinic, Box 266, T0H 2L0
Ponoka	Jeraj, A.F.	Medical Arts Clinic, 100-770 6 St. SW, T1A 8M7
Provost	Lotfi-Seysan, L.	4 Wing Medical Squadron, T0A 2M0
Red Deer	Morley, D.F.	4 Wing Medical Squadron, T0A 2M0
Rocky Mountain House	Sardana, T.M.	4 Wing Medical Squadron, T0A 2M0
Sherwood Park	Saeed, A.	4 Wing Medical Squadron, T0A 2M0
Slave Lake	McCracken, J.M.	P.O. Bag 1, 40 Elizabeth St, T0L 1T0
Spirit River	Wray, R.G.	Olds Associate Clinic, 5018 - 53 St, T4H 1S6
Spruce Grove	McKeown, G.T.	10414 - 101 St, T8S 1M4
Stettler	Irving, A.M.	Associate Clinic, 964 Kettles St, Box 549, T0K 1W0
Strathmore	Twiss, J.J.	Box 4430, T4J 1S1
St. Albert	Hnatuik, J.N.	Provost Medical Centre, 4904 - 54 Ave, Box 90, T0B 3S0
St. Paul	Holmes, C.L.	Parsons Clinic, 4822 - 50 St, T4N 1X4
	Wiens, H.E.	4705 - 48th Ave, T4N 3T1
	Witten, A.D.	Box 99, T0M 1T0
	Kolber, S.M.	100-50 Brentwood Blvd, T8A 2H5
	Caffaro, P.A.	Box 510, T0G 2A0
	Reynolds, W.J.	Central Peace Clinic, Box 608, T0H 3G0
	Stroud, R.R.	Grove Plaza Medical Centre, Box 3850, T7X 3B1
	Heaven, C.G.	Box 1210, T0C 2L0
	Wickson, R.D.	BAG Box 2932, T1P 1L5
	Albrecht, H.E.	Summit Centre, 307-200 Boudreau Rd, T8N 6B9
	Gray, N.M.	Grandin Medical Clinic, 1 St. Anne St, T8N 1E8
	Woytiuk, H.P.	St. Paul Medical Clinic, 4909 - 50th Ave, Box 219, T0A 3A0
Taber	Chychota, N.N.	Associate Medical Clinic, Box 999, T0K 2G0
Three Hills	Husband, D.M.	Box 880, T0M 2A0
Vegreville	Kuzyk, N.J.	Vegreville Clinic, 5006 - 51 Ave, Box 250, T9C 1R2
Vermilion	Sung, P.	Box 741, T9C 1R8
Wainwright	Hasinoff, D.	Valley Medical Clinic, Box 1318, T0B 4M0
Westlock	Hay, K.	Wainwright Clinic, 501-10 St, T9W 1R5
Wetaskiwin	Fourie, J.L.	Associate Medical Clinic Box 928, T0G 2L0
Whitecourt	Johnson, L.E.	5013 - 51 St, T9A 1L4
	Nelson, G.S.	Box 1076, T7S 1P9

2.5.2

British Columbia

Dawson Creek

Battershill, P.M. 10504 - 10 St, V1G 3T9
 MacKinley, W.J. 1324-102 Ave, V1G 2C6
 Breuhler, G. Box 594, V0C 1R0
 Everett, A. The Medical Clinic, 9807 100 Ave, V1J 1Y4
 Moody, R.G. 101-9807, 101 Ave, V1J 2B1

Fort Nelson
 Fort St. John

2.5.3

Northwest Territories

Cambridge Bay
 Hay River
 Inuvik
 Iqualuit
 Yellowknife

Dufresne, B.E. Medical Clinic, X0E 0C0
 Covert, E.L. Medical Clinic, Box 1126, X0E 0R0
 De Clerk, A.J. Box 2143, X0E 0T0
 (See Quebec Region)
 Butcher, D.J.M.
 Naib, R. Frame Lake Family Physicians, Frame Lake Plaza, 312B Old
 MacMillan, A.R. Airport Rd, X1A 3T3
 Great Slave Medical House, Box 1180, X1A 2N8
 Frame Lake Family Physicians, Frame Lake Plaza,
 312B Old Airport Rd, X1A 3T3

2.5.4

Yukon Territory

Dawson City
 Faro
 Watson Lake
 Whitehorse

Parsons, J.W.G. Medical Clinic, Box 829, Y0B 1G0
 Bamford, R. Box 250, Y0B 1K0
 Secerbegovic, S.R. Box 127, Y0A 1C0
 Albertini, T. 211 Hawkins St, Medical Arts Bldg, Y1A 1X3
 de la Mare, E.A. Pine Medical Centre, 5110 - 5th Ave, Y1A 1L4
 Hanley, B.E. Whitehorse Medical Services, 406 Lambert St, Y1A 1Z7
 Leduc, N.B. The Medical Clinic, 406 Lambert St, Y1A 1Z7

2.6

PACIFIC REGION

2.6.1

British Columbia

Abbotsford
 Aldergrove
 Alert Bay
 Bella Coola
 Bowen Island
 Brentwood Bay
 Burnaby

Paterson, J.C. 2181 Everett St., V2S 7R9
 Pawlovich, J.P. 2151 McCallum Road, V2S 3N9
 Winner, J.M. Chelsea House Family Medicine,
 33623 Wildwood Dr., V2S 1S2
 MacDonald, J.J. 27022 Fraser Hwy., V4W 3L6
 Trembath, J.H. 25149 - 72nd Ave., V4W 1J1
 Rasmussen, G.E. Box 510, V0N 1A0
 Anderson, A.J. Box 220, V0T 1C0
 McArthur, W. General Delivery, V0N 1G0
 Ford, E.R. 7105 West Saanich Rd., V8M 1P7
 McFadden, G.R. 7605 - 6th St., V3N 3M6
 Pawa, B. 222-4820 Kingsway, Metrotown Centre
 (The Bay Wing), V5H 2C8
 Magee, G.C. The Burns Lake Medical Clinic, Box 6000, V0J 1E0
 Boloten, S.M. 520 - 2nd Avenue, V9W 6G2
 Phipps, W.H.G. Box 880, 277 Evergreen St., V9W 5C6
 Wilcox, N.E. 520 - 2nd Ave., V9W 6G2
 Hall, J.V.G. 610 Valhalla St., V1N 2J4
 Streich, R.J. 1237 - 3rd St., V1N 1Z6
 Rollheiser, S.P. P.O. Box 410, V0E 1M0
 Wilkinson, M.R. 5121-49th Avenue, P.O. Box 1485, V0C 1J0
 Enns, G. 101 - 45625 Hodgins Ave., V2P 1P2
 Madill, M.F. Firkus Aircraft Servicing Ltd., 46206 Airport Rd., V2P 1A5
 Whetter, A.R. 9214 Mary St., V2P 4H6
 Fockler, D.F. 1710A Comox Ave., V9N 3Z6
 Albrecht, J.E. 550 - 329 North Rd., V3K 3V8
 Sedergreen, C.J. 203-1198 Lansdowne Drive, V3B 1J7
 Saunders, G.W. 201-1350 England Ave., V9N 8X6
 Silcox, R.A. 788 Grant St., V9N 2T3
 de Paoli, L. 1629 Baker St., V1C 1B4
 Kotlarz, J. Green Medical Centre, 1629 Baker Street, V1C 1B4

Burns Lake
 Campbell River

Castlegar

Chase
 Chetwynd
 Chilliwack

Comox
 Coquitlam

Courtenay

Cranbrook

British Columbia (cont'd)

Creston	Brown, E.M.J.	116 - 12th Ave. S., V0G 1B0
Cumberland	Tancon, G.	P.O. Box 130, V0R 1S0
Dawson Creek	(See Western Region)	
Delta	Jones, T.	5329 Trunk Road, V4K 1W6
Duncan	Larigakis, S.S.	1 - 6305, 120th Street, V4E 2A6
Fernie	Scholz, W.H.	104 - 5405 - 12th Ave., V4M 2B2
Fort Nelson	Faulkner, S.J.	121 Ingram St., V9L 1N8
Fort St-James	Gilbert, H.R.	186 Kenneth St., V9L 1N4
Fort St. John	Graham, S.K.	402 - 2nd Ave., Box 820, V0B 1M0
Fraser Lake	(See Western Region)	
Golden	Brown, D.R.	P.O. Box 1149, V0J 1P0
Grand Forks	(See Western Region)	
Hope	Gow, A.L.	Fraser Lake Medical Clinic, P.O. Box 460, V0J 1S0
Hudson's Hope	Starke, B.T.	Golden Medical Clinic, Box 1170, V0A 1H0
Invermere	Coleshill, G.G.	Boundary Medical Clinic, P.O. Box 400, V0H 1H0
Kamloops	Asche, G.A.	P.O. Box 400, V0X 1L0
	Williamson, L.D.N.	P.O. Box 599, V0C 1V0
Kelowna	Bueckert, L.D.	Box 8000, V0A 1K0
	Beall, F.R.	290 - 546th St. Paul St., V2C 5T1
	Farrell, J.K.	6 - 111 Oriole Rd., V7C 4M6
	Mabee, J.L.	The Burris Clinic, 275 Lansdown St., V2C 5K4
	Ritenburg, D.L.	300 - 321 Nicola St., V2C 6G6
	Schumacher, G.	Irving Clinic, Aberdeen Mall,
		272 - 1320 West Trans-Canada Highway, V1S 1J2
	Tomm, G.E.	384 Tranquille Rd., V2B 3G7
	Webster, C.L.	785 Seymour St., V2C 2H4
	Aldous, H.	Park Medical Bldg., 1635 Abbott St., V1Y 1B2
	Enns, P.S.	103-3040 Tutt Street, V1Y 2H5
	Johnston, T.G.	107-437 Glenmore Road, V1V 1Y5
	McIntosh, J.K.	Mission Medical Arts, 104 - 3040 Tutt St., V1Y 2H5
	Nash, L.W.	230 Robson Rd. West, V1X 3C8
	Stewart, G.N.	Knox Clinic, 1605 Glenmore St., V1Y 3G8
	Haiduk, M.J.	Kimberley Medical Clinic, 155 Howard St., V1A 2Y7
	Ling, C.K.	429 - 899 Lahakas Blvd., V8C 1E7
	Bowen-Roberts, P.	P.O. Box 700, V0R 2E0
	Aspinall, H.	22305, 48 Avenue, V3A 3N4
	Potter, G.E.	21616 - 52ND Avenue, V3A 4R1
	Brittain, R.W.	19 Wing Comox, Base Hospital, CFB Comox, V0R 2K0
	Wilson, D.W.S.	BAG 800, V0J 2C0
	Temple, T.G.	22195 Dewdney Trunk Road, V2X 3H7
	Wong, D.K.C.	201 - 11743 - 224th St., V2X 6A4
	Cowburn, G.	Box 429, V0J 2E0
	McNeill, C.A.	Box 130, V0G 1R0
	Johnson, J.E.	350 Albert St., V9R 2V7
	Kemp, V.H.	340 Campbell St., V9R 3G7
	Mitchell, A.	Southgate Medical Clinic, 1151 Lawlor Road, V9R 5K1
	Walker, P.R.	823 Baker St., V1L 4J8
	Hedges, D.G.	100 - 620 Royal Ave., V3M 1J2
	Herberts, L.T.	831 Massey St., V3L 4S8
	Klarke, D.	107 - 245 East Columbia St., V3L 3W4
	Parson, C.J.	306 - 125 East 13th St., V7L 2L3
	Puddicombe, R.E.	903 - 145 East 13th St., V7L 2L4
	Sigurdson, F.T.	303 - 123 East 15th St., V7L 2P7
	Robertson, J.G.	P.O. Box 211, Highway 97, V0H 1R0
	Hutchinson, G.B.	The Exeter Clinic, P.O. Box 879, V0K 2E0
	Hamilton, F.A.	Desert Doctor Clinic, P.O. Box 860, V0H 1V0
	Earp-Jones, R.A.	5 - 220 West Island Highway, V9P 2P3
	White, G.E.	154 West Memorial Ave., Box 250, V9P 2G4
	Fisher, H.S.	Pemberton Medical Clinic, P.O. Box 69, V0N 2L0
	Gill, C.A.	725 Carmi Ave., V2A 3G8
	Jemson, J.A.	3855 - 9th Ave., V9Y 4T9
	Jenkins, J.	4445 Gertrude St., V9Y 6J7
	Scalter, K.W.	110 - 1465 Salisbury Ave., V3B 6J3
	Avery, G.R.	Box 14, V0N 2R0

British Columbia (cont'd)

Powell River	Toole, D.R.	4794A Joyce Ave., V8A 3B6
Prince George	Dahlstrom, D.G.	Victoria Medical Building, Ste. 402, 1669 Victoria St., V2L 2L5
	Davies, T.H.P.A.	Victoria Medical Building, Ste. 207, 1669 Victoria St., V2L 2L5
	Houghton, P.G.H.	230 Tabor Plaza, 100 South Tabor Blvd., V2M 5T4
Prince Rupert	Watson, G.K.	3 - 222 3rd Avenue West, V8J 1L1
Princeton	Mason, B.L.	P.O. Box 1049, V0X 1W0
Qualicum Beach	McIntyre, G.H.	1-219 West Fern Road, V9K 2M2
Queen Charlotte City	Fabriel, C.	Medical Clinic, P.O. Box 430, V0T 1S0
Quesnel	Maile, J.K.C.	Holley Clinic, 348 Front St., V2J 2K3
Revelstoke	McFetridge, G.P.	The Avery CLinic, 644 Front St., V2J 2K8
Richmond	Battersby, G.S.	Selkirk Medical Group, Drawer 590, V0E 2S0
	Chin, D.	1 - 8120 Cook Rd., V6Y 1T9
	Coppin, J.A.	Air Canada, Occupational Health Services, 5510 Miller Road, V7B 1K4
	Dirnfeld, V.	301 - 6051 Gilbert Rd., V7C 3V3
	Doughty, W.	Canadian Airlines Int'l Ltd., Occupational Health Services, YVR0415, 6001 Grant McConachie Way, V7B 1K3
	Leifso, L.R.	Air Canada, Occupational Health Services, 5510 Miller Road, V7B 1K4
	Rempel, G.W.	Innotech Aviation Bldg., D5 5455 Airport Road South, V7B 1B5
	Rothon, D.A.	Air Canada, Occupational Health Services, 5510 Miller Road, V7B 1K4
	Rozecki, W.A.	Innotech Aviation Bldg., D5 5455 Airport Road South, V7B 1B5
	Wilson, J.A.	120 - 6180 Blundell Rd., V7C 4W7
	Wong, D.H.K.	103 - 6051 Gilbert Rd., V7V 3V3
Rossland	Purssell, J.E.	Box 700, V0G 1Y0
Saanichton	Wray, G.I.	Unit F, 7819 East Saanich Road, V0S 1M0
Salmon Arm	Williams, A.R.	P.O. Box 730, V0E 2T0
Salt Spring Island	Buchan, J.K.	1-129 Crofton Road, V8K 2R8
Sechelt	Burntnick, W.	P.O. Box 371, V0N 3A0
Sidney	Rogers, D.	P.O. Box 638, 5531 Inlet Ave., V0N 3A0
	Erickson, A.M.	101 - 1852 Canso Road, V8L 5V5
	Groves, J.S.	2425 Bevan Ave., V8L 4R5
	Weaver, S.A.	767 Turnberry Place, R.R. 2, V8L 3S1
Smithers	Bianco, R.	1260 Main St., V0J 2N0
	Wilson, A.J.G.	P.O. Box 670, V0J 2N0
Squamish	Dundas, T.J.	Diamond Head Medical Clinic, 1365 Pemberton Ave., Box 920, V0N 3G0
Summerland	Manders, T.P.	P.O. Box 719, V0H 1Z0
Surrey	Baldock, R.L.	20 - 15300 - 105th Ave., V3R 6A7
	Harper, R.R.	13665 - 107A Ave., V3T 2H2
	Hemming, F.O.	2334 - 170th Street, V4B 5E7
Terrace	Johnston, J.V.W.	113 - 13798 - 94A Ave., V3V 1N1
Tofino	Manji, A.E.	201 - 4622 Greig Ave., V8G 1M9
Tsawwassen	Henderson, H.E.	151 First Street, Box 279, V0R 2Z0
Vancouver	Thicke, S.C.	P.O. Box 189, V0R 2Z0
	Holland, E. Joyce	5365 - 12th Avenue, V4M 2B2
	Bell-Irving, P.	114-3195 Granville Street, V6H 3K2
	Cham, P.C.M.	6 - 3039 Kingsway, V5R 5J6
	Chan, K.H.	480 - 2184 W. Broadway, V6K 2E1
	Fibiger, H.P.	302 - 888 West 8th Avenue, V5Z 3Y1
	Harmon, T.P.	Medisys Corporate Health Serv. 440-999 West Hastings Street, V6C 2W2
	Harrison, M.P.	201 - 4545 West, 10th Avenue, V6R 2J2
	Hartzell, W.G.	1240 - 1200 West 73 RD Ave. V6P 6G5
	Kerins, J.D.	724 - 736 Granville St., V6Z 1H5
	Law, C.C.S.	Oakridge Shopping Centre, South Tower, 360 - 650 West 41st Ave., V5Z 2M9
	Lermer, B.	100 - 8675 Granville St., V6P 5A3

British Columbia (cont'd)

Vancouver (cont'd)	MacDonald, D.K. Moore, M.S. Oakey, R.J. Otto, A.G. Raudzus, D.E. Sehmer, J.M. Tamplin, R.E.I. Weaver, R.G.	110 - 3540 West 41st Ave., V6N 3E6 340 - 943 Broadway W., V5Z 4E1 Seymour Medical Clinic, 1530 W. 7th Ave., V6J 1S3 1436 Kingsway, V5N 2R5 1160 Burrard St., Ste. 505, V6Z 2E8 Suite 210, 809 West 41st Ave., V5Z 2N6 Suite 800 - 777 Hornby St., V6Z 1S4 814 - 750, West Broadway, V5Z 1H7
Vanderhoof	Wade, W.H.A.	Omineca Clinic, R.R. 2, V0J 3A0
Vernon	Clarke, L.H.	2903 - 32nd Ave., Suite 204, V1T 2L6
Victoria	Henderson, R.J. Cubbage, J.S. Forbes, I. Gibson, R. Kardera, E.P. Leong, L.A. Pettit, D.D.	2903 - 32nd Ave., Suite 200, V1T 2L6 209 - 1595 McKenzie Ave., V8N 1A4 1781 Cedar Hill Cross Road, V8P 2R2 2763 Arbutus Rd., V8N 5X8 1710 Richmond Rd., V8R 4P8 320 - 1105 Pandora Ave., V8V 3P9 Govt. Employment Health Service, 201-3200 Shelbourne St., V8P 5G8
West Vancouver	Sparanese, A.D. Yates, M. Adams, N.J. Hunter, M.E.	202 - 4475 Viewmont Ave., V8Z 6L8 380 - 1641 Hillside, V8T 5G1 112 - 520 - 17th St., V7V 3S8 1835 Ambleside Lane, V7V 4W4
White Rock	McDonald, A.C.	203 - 1538 Foster St., V4B 3X8
Williams Lake	Whitman, R.J.	101 - 143 - 4th Ave. S., V2G 1J8

2.7

Antigua & Barbuda	Williams, R.E.L.	Long Street, St-John's
Argentina	Canaveris, G.	Belisario Roldan 4651, 1425 Buenos Aires
Australia	Crowley, P.	Flight Medical Service, Hangar 276, Bankstown Airport 2200 Bankstown, N.S.W.
	Davis, I.M.	33 Queens Road, Suite 14
	English, T.M.	Melbourne 3004, Victoria
	Hutchinson, A.	Suite 816 Level 8, Australia Square,
	Roddick, I.C.	George St., Sydney 2000
	Sampson, V.E.	78 Waratah Ave., Dalkeith, Perth, Western Australia 6009
Austria	Weltin, E.	76 Invermay Road, Launceston, Tasmania 7248
Bahamas	Wykypiel, H.F.	79 Wickham Terrace, Brisbane 4000, Queensland
Bahrain	Bourne, G.R.	#148-154/13/6, Brigittenauer Laende, A-1200 Vienna
Barbados	Al Taraif, J.	Maria Theresien Strasse 21, A-6020 Innsbruck
Belgium	Hassell, T.A.	9 Tradewinds Dr., P.O. Box F40140, Freeport
Brazil	De Vusser, M.-J.	Chief Medical Officer, Gulf Air, P.O. Box 138
	Guida, R.	Woodside, Bay Street, St-Michael
		Medicare Medical Center, Avenue Louise 249, 1050 Brussels
		Medico Hospitalar
Cameroon	Kamdoum, C.	Da Fundacao Ruben Barta, Av. Almirante Silvio de Noranha, 361-Bloco B-Sala 468, Rio de Janeiro 20021
Chile	Raul, Y.G.	B.P. 1162, Mindef 302, Yaounde
Costa Rica	Ferris, R.	Dept. Medicina Aeroespacial, Hospital F.A. Ch., Avenida
Cyprus	Timothy, A.	Las Condes No. 8631, Santiago
Czech (Republic)	Sulc, J.	P.O. Box 999, San Jose 1000
Denmark	Videbaek, R.	19, Louki Akrita Ave., Nicosia
Ecuador	Garay Q., A.	Institute of Aviation Medicine, Gen. Piky 1, 160 60, Prague 6
Egypt	El Maghraby, S.	Clinic of Aviation and Space Medicine, Rigshospitalet 7522, DK-Tangensvej 20, 2200 Copenhagen N.
Estonia	Kapelman, J.	Subdirección de Aviación Civil, AVG Americas Casilla 3465, Guayaquil
		30, El-Sheikhrihan, Abdeen, 11111, Cairo
		Tartu Mnt 13, Tallinn EE 0001

Outside Canada (cont'd)

Fiji	Bakani, I.R.	Suite 5, Queensland Insurance Centre, Victoria Parade, P.O. Box 198, Suva
Finland	Oksanen, P.J.	Finnair Medical Department, Tietotie 11M, 01530 (Vantaa) Helsinki
France	Beaulieu-D'Ivernois, D. Boillot, E. Casano, G. Gravoulet, P.J.A. Gross, J.-F. Heraïl, J. Mouchard, J.G.M.	20, rue Croix des petits champs, 75001, Paris 21, Avenue Cardinale, Aix-en-Provence, Cedex 13100 1, Square Max Hymans 75757 Paris, Cedex 15 1 Avenue Robert Gourdon, 30600 Vauvert 24 rue Chaptal, 75009 Paris 142 Avenue Jean Jaures, 93500 Pantin C.E.M.P.N.-T.B., Immeuble Airport, 8 Avenue Didier Daurat, 31700 Blagnac 1 Dembarrere St., Tarbes, 65000 16 Ferdinand Buisson St., Lyon, 69003 Air France - Aérogarage des Invalides, 2, rue Esnault, Pelterie 75007, Paris
	Mouledous, J.M. Pretet, W. Rodriguez, P.	22, Avenue Georges Clémenceau, Nice 06000 Centre privé de médecine aéronautique, Parc du Segrais 13, Cours G. Gershwin, 77185 Lognes
	Touret, B. Verne, J.-C.	B.P. 1835 Port Gentil, Gabon Sendlingertor Platz 7, 80336 Munich 75 Tannenhofstr, 2000 Norderstedt Kustrinerstrasse 2, D-7500 Karlsruhe Tempelhofer Damm 228, 1000 Berlin 42 Deutsche Lufthansa AG, Medical Department, Main/75, D6000, Frankfurt Oberbilker Allee 127, 40227 Düsseldorf Box 1479, B.W.I.
Gabon	Lasbleis, E.H.	8 Etolia Street, Athens 115 26
Germany	Basko, G.W. Fresenius, H. Höflich, E.P.G. Hollmann, E.J. Stüben, U.	Direccion General de Aeronautica Civil, Aeropuerto "La Aurora", Zona 13, Guatemala City 9C On Hing Building, 1 On Hing Terrace, Lower Wyndham Street, Central Medical Office, Cathay Pacific Airways, 110 Concorde Rd., Kaitak Airport Medical Office, Cathay Pacific Airways, 110 Concorde Rd., Kaitak Airport
Grand Cayman	von Wnuck, E.	Civil Aviation Authority, Medical Services, H-1097 Budapest, Gyali U.17 - 19.
Greece	Hetley, M.R.	CAA Medical Centre, Reykjavik Airport
Guatemala	Giannopoulos, C.	121 Reykjavik
Hong Kong	Garay-Moya, M.	166 Jor Bagh, New Delhi Carmel, Flat 11A, 30 L. Jagmohandas Marg., Bombay 400,006
Hungary	Fleming, T.M.D.	67A Mountjoy Square, Dublin 1
Iceland	Fowler, J.G.	Civil Aviation Medical Board, St-Bricins Military Hospital, Infirmary Road, Dublin 7
India	Merritt, J.C.	Bograshov 89, Tel-Aviv 63297
Ireland	Hardicsay, G.	348, VIA Conca D'Oro, 00141, Rome
Israel	Sverrisson, T.	Eureka Medical Centre, 1 Eureka Rd., Kingston 5
Italy	Khosla, H.	3-3-2- Hanedakuko, P.O. Box 61 Otaku, 144
Jamaica	Pocha, N.P.J.	Bethesda Clinic, National Bank Bldg., Harambee Ave., P.O. Box 52951, Nairobi 331010
Japan	Killeen, T.C.	Nairobi Hospital, P.O. Box 20005, Nairobi
Kenya	Morgan, W.A.D.	Aeromedical Association of Korea c/o Civil Aeromedical Centre, KAL Kimpo Int'l Airport, Seoul 157-240
Korea (South)	Glazer, I.	Int'l Health Care Centre, Yonsei Univ. College of Medicine, Severance Hospital, Seoul
	Rotondo, G.	Civil Aeromedical Center, Korean Airlines, Kimpo Int'l Airport, KAL SVE Bldg., Seoul
	Roberts, C. (Jr.)	P.O. Box 1456, Safat 13015
	Kikuchi, R.	Mea Medical Dept. Beirut Airport, Lebanon, P.O. Box 206
	Kiragu, W.W.	Beirut
	Robertson, G.I.	
	Kay, W.C.	
	Kwak, I.	
	Yong-Ho Lee	
	Al Doub, M.	
Kuwait	Bechara, G.	
Lebanon		

Outside Canada (cont'd)

Madagascar	Alliotte, M.R.	18 rue Jean Jaurés, Antananarivo
Malaysia	Sagoo, D.S.	Pakatan Medical Ampang, 16th Floor, Box 17B, Bangunan Arab Malaysian, 55 Jalan Raja Chulan, 50200 Kuala Lumpur
	Singh, J.B.	Esso Production Malaysia Inc., P.O. Box 10857, Kuala Lumpur, 50728
Malta	Bonnici, A.	Casa Bonnici, Sir Augustus Bartolo Str., TA'XBIEX
Mauritius	Maudho-Kundomal, A.	SSR Int'l Airport, Dept. of Civil Aviation, Plaisance
Mexico	Amezcuia, L.A.	Ave. Progreso 186-101, Mexico City, D.F. 11800
Morocco	Bouchareb, A.	124 Bld. Rahal El Meskini, Casablanca 01
Namibia	Jordan, D.C.	Lolopark No. 5, Reginald Walker Str., P.O. Box 80228, Olympia 9000
Netherlands	Rodenburg, A.M.	Netherlands Aerospace Medical Centre, P.O. Box 22, 3769BH Soesterberg
	Veldhuijzen Van Zanten, O.B.A.	Occupational Health Dept., KLM Royal Dutch Airlines, P.O. Box 7700, Schiphol Airport, Amsterdam 1117ZL
Netherlands Antilles	Van Der Waag, A.	Mullet Bay Clinic, P.O. Box 64, St. Maarten
New Zealand	Dawson, A.G.	Air New Zealand Medical Centre, Mangere Jet-Base, Auckland Int'l Airport, Auckland
	Thompson, L.J.	Air New Zealand Medical Centre, Mangere Jet-Base, Auckland Int'l Airport, Auckland
Nigeria	Apantaku, J.B.	Ikeja Medical Centre, P.O. Box 5183, Ikeja, Lagos
	Owolabi, M.A.	Medical Director, Mends Hospital, 5B Old Dawaki Road, P.O. Box 3001, Kaduna
Norway	Arva, P.H.	Legenemnda for Flygere, P.O. Box 18, N-1330 Lufthavn, Oslo
	Cappelen, P.-J.	Helikopterservice, P.O. 256, 4301 Sandnes
Oman (Sultanate of)	Kravik, S.E.	Johan Evjes V. #15, 0667 Oslo 6
	Delaney, R.	Medinat Qaboos Medical Centre, L.L.C. P.O. Box 5089, Ruwi
Pakistan	Kadir, S.G.	Civil Aviation Authority, 19 Liaquat Barracks, Karachi 4
	Akhund, A.Q.A.	Aptt No.304 Falcon Terrace, Plot Commercial 11/A, Clifton Block 4, Karachi
Papua New Guinea	Jacobi, J.E.	Box 1551, Boroko
Peru	Garrido Lecca, G.	Clinica Anglo Americana, Apartado 2713, Lima 1
Poland	Klukowski, K.S.	Polish Air Force, Institute of Aviation Medicine, 54 Krasinskiego, 01-755 Warsaw 86
Portugal	Matos, P.	DGCA-CAA Portugal, Rua B - Edificios, Lisbon Airport, Lisbon 1700
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South Africa	Buyss, P.W.	829, Primula Rd., P.O. Box 39298, Moreleta Park, Pretoria 0044
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	Peters, E.B.	Administration Bldg., Room 120, Jan Smuts Airport, Johannesburg
Spain	Perez-Sastre	Iberia Aviation Medicine Office, Barajas Airport, Madrid, Spain 28042

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	Hickish, G.W.	New Medical Centre, Bransgore, Near Christchurch, Dorset, BH23 8AD
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	Lunn, J.M.	The Surgery, Silver Street, Coningsby, Lincs LN4 4SG
	Morgan, D.R.	Silver Birches' West Grimstead, Wiltshire SP5 3RE Salisbury
	Muir, F.H.	New Hayesbank Surgery, Bybrook, Kennington, Ashford, Kent, TN24 9JZ
	Odbert, R.M.	Highcliffe Medical Centre, Heila House, 248 Lymington Rd., Highcliffe, Bournemouth (Dorset), BH23 5ET
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	Butler, M.C.	8209 Wateka, Houston, Texas, 77063
	Coons, D.O.	1851 Prairie View Dr., Dallas, Texas 75235-6216
	Gullett, J.H.	618-909 Hyde St., San Francisco, Ca., 94109-4851
	Hutson, J.J.	Corporate Medical Director, Eastern Airlines, Miami International Airport, Miami, Florida 33148
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	Krass, W.H.	1401 Airport Freeway #103, Bedford, Texas, 76021-6695
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	Speers, W.F.	370 Summit St., Elgin, Illinois, 60120
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Yemen	Sheard, M.E.	K.P.U. Clinic, Yemen Hunt Oil Company, P.O. Box 481, Sanaa

2.7.1

STATES OF ICAO

An Aviation Medical Examiner designated by a Contracting State of the International Civil Aviation Organization may also carry out examinations for the initial issue or the revalidation of Canadian flight crew licences, but are not medically authorized to endorse the Licence Validation Certificate for the 90 day validity period. In each case, the Aviation Examiner's report is to be completed in detail on Department of Transport "Civil Aviation Medical Examination Report" Form 26-0010 (available on request) and forwarded by the Aviation Medical Examiner to the region of issue of the last Licence Validation Certificate. A foreign medical form is acceptable, providing all of the required information is included.

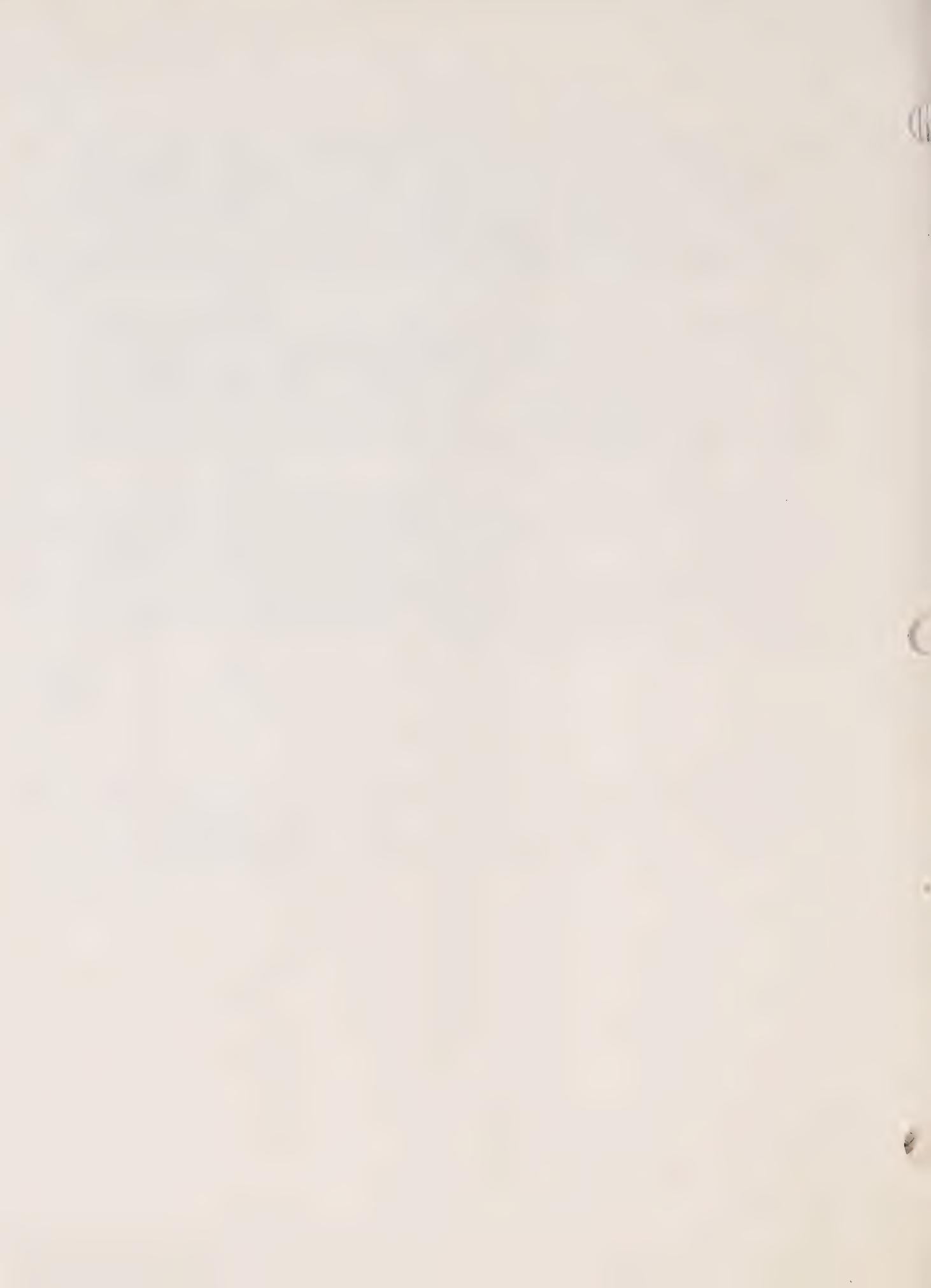
FOREWORD

Since the early days of aviation the relationship of medical fitness to flight safety has been recognized. Consequently, many countries have, over the years, accumulated valuable funds of experience and information concerning this relationship from both operational and medical points of view. The International Civil Aviation Organization has co-ordinated much of this experience and information on an international scale, and has thus been able to produce specifications of medical fitness which it considers to be appropriate to various Civil Aviation personnel licences. Canada, in signing the Convention, undertook to implement the ICAO Standards to the fullest extent possible.

The Medical Standards for Canadian Civil Aviation Personnel Licensing are prescribed pursuant to subsection (d) of section 403 of the Air Regulations. This fifth edition of the standards was developed in close conformity to the International Civil Aviation Organization Standards for personnel licensing and is considered to be commensurate with the safe performance of the privileges of respective licences and permits issued or revalidated in accordance with Part IV of the Regulations. It is to be understood, however, that amendment of this document may be necessary from time to time to ensure its continued conformance to current Civil Aviation safety standards and practices.

In the composition of this document, careful consideration has been given to its form and text bearing in mind that its primary purpose is to establish the basic specifications for the medical fitness of persons who hold Canadian Civil Aviation personnel licences or to whom such licences may be issued. As with most publications containing specifications of a specialized nature, it has been considered necessary, in the interest of uniform application, to provide appropriate explanatory information for the guidance of all concerned. Such information is found under the title GENERAL APPLICATION and also under NOTES inserted throughout the standards where such information is relevant.

Weldon R. Newton
Director General
Aviation Regulation



PART 3

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PART 3**MEDICAL STANDARDS FOR CIVIL AVIATION PERSONNEL LICENSING****GENERAL APPLICATION**

1. All medical standards for Canadian Civil Aviation Personnel Licensing and amendments thereto issued prior to May 19, 1975 are hereby cancelled and superseded.
2. The standards contained in this Edition shall apply to the following Civil Aviation Personnel Licences in accordance with the requirements and procedures detailed herein:

AIRLINE TRANSPORT PILOT LICENCE
 COMMERCIAL PILOT LICENCE
 PRIVATE PILOT LICENCE
 GLIDER PILOT LICENCE
 BALLOON PILOT LICENCE
 PRIVATE PILOT LICENCE -
 ULTRA-LIGHT AEROPLANES
 COMMERCIAL PILOT LICENCE -
 ULTRA-LIGHT AEROPLANES

STUDENT PILOT PERMIT
 STUDENT GLIDER PILOT PERMIT
 STUDENT BALLOON PILOT PERMIT
 FLIGHT ENGINEER LICENCE
 AIR TRAFFIC CONTROLLER LICENCE
 STUDENT PILOT PERMIT -
 ULTRA-LIGHT AEROPLANES
 RECREATIONAL PILOT PERMIT -
 AEROPLANES

Medical Categories

3. For the purpose of facilitating assessment of fitness for a ~~permit or~~ licence the standards are divided into four medical categories as follows:

MEDICAL CATEGORY 1

AIRLINE TRANSPORT PILOT LICENCE
 COMMERCIAL PILOT LICENCE

MEDICAL CATEGORY 2

AIR TRAFFIC CONTROLLER LICENCE
 FLIGHT ENGINEER LICENCE

MEDICAL CATEGORY 3

PRIVATE PILOT LICENCE
 BALLOON PILOT LICENCE
 ULTRA-LIGHT AEROPLANES
 - COMMERCIAL PILOT LICENCE

MEDICAL CATEGORY 4

ULTRA-LIGHT AEROPLANES
 - PRIVATE PILOT LICENCE
 GLIDER PILOT LICENCE
 RECREATIONAL PILOT PERMIT
 - AEROPLANES

4. The medical category classification relates to the degree of human reliability necessary for the various aviation activities. Medical Category 1 embraces all types of licence involving flying for hire and reward and is essentially the standard for the professional pilot. It assumes the higher degree of exposure to the risk of incapacitation due to the increased average flying hours. Medical Category 2 applies to those professional personnel from whom reliability of performance is

essential for the safety of flight. Consideration must be given to the particular environmental requirements of each occupation in respect to the consequences of incapacitation. The intent of this standard is firstly preventative and secondly regulatory.

5. Category 3 outlines the requirements for the non-commercial pilot and, while it recognizes the lower exposure to risk, it reflects the responsibility that the private pilot must bear in respect to commercial flight operations, international passage and the carriage of passengers for other than hire and reward.
6. Category 4 outlines the requirements for the Ultra-Light Aeroplanes - Private Pilot Licence and Glider Pilot Licence.
7. For rapid identification of restrictions, limitations and exceptions, the medical category is divided into four medical assessment areas as follows: physical (includes mental disorders), visual, colour perception and hearing. The applicable restriction, limitation or exception will be shown on either the Medical Certificate or the Licence.

Duration of Validity of Licences

8. Since the assessment of an applicant's fitness or revalidation of a permit or licence is normally restricted to the period of validity of the permit or licence, the normal validity periods are listed below. If the aviation medical examiner deems it advisable to limit the assessment to a shorter period, this should be recommended in the medical examination report.

AIRLINE TRANSPORT AND COMMERCIAL PILOTS (under 40 years old)	12 MONTHS
AIRLINE TRANSPORT AND COMMERCIAL PILOTS (40 years old and over))	6 MONTHS
PRIVATE PILOTS AND AIR TRAFFIC CONTROLLERS (under 40 years old)	24 MONTHS
PRIVATE PILOTS AND AIR TRAFFIC CONTROLLERS (40 years old and over)	12 MONTHS
RECREATIONAL AEROPLANE PILOTS (under 40 years old)	60 MONTHS
RECREATIONAL AEROPLANE PILOTS (40 years old and over)	24 MONTHS
GLIDER PILOTS	60 MONTHS
BALLOON PILOTS (under 40 years old)	24 MONTHS
BALLOON PILOTS (40 years old and over)	12 MONTHS
FLIGHT ENGINEERS	12 MONTHS
PRIVATE AND COMMERCIAL PILOT LICENCE - ULTRA-LIGHT AEROPLANES	60 MONTHS

9. An applicant shall be granted the highest assessment possible on the basis of the finding recorded during the medical examination. An applicant desiring a medical category higher than that necessary for the type of permit or licence requested must inform the Aviation Medical Examiner of this requirement. This is particularly important in the case of an initial applicant who is entertaining the possibility of a career in aviation. If specialist examinations or laboratory tests are required to determine fitness for a higher assessment, these may be arranged by the Aviation Medical Examiner, with the concurrence of the applicant.

An applicant is required to answer all questions on the medical examination report and attest to their completeness and accuracy. The result of any previous medical examination must be reported to the Aviation Medical Examiner. "An applicant knowingly making a false declaration for the purpose of obtaining a licence or permit is liable to prosecution under the Air Regulations".

Responsibility of the Aviation Medical Examiner

10. Medical examinations are to be conducted by licensed physicians appointed for this purpose by Health Canada. They must be familiar with aeromedical assessment, and should possess some practical knowledge of flight duties and the flight environment. It shall be the responsibility of the Aviation Medical Examiner to examine the applicant carefully, to complete the Department of Transport medical examination report and to enter thereon the medical category considered appropriate. In the case of an applicant for revalidation of a permit or licence the Aviation Medical Examiner shall complete the temporary validation form on the back of the applicant's last issued medical certificate. This form shall be marked "fit" or "unfit", signed and dated, by the Aviation Medical Examiner in accordance with his opinion as to whether the requirements for revalidation of such permit or licence have been met. When a temporary validation form is marked fit by the Aviation Medical Examiner the permit or licence to which it relates is considered to be revalidated until the issue of a further medical certificate or until the expiration of 3 months following the date of medical re-examination, whichever is the earlier. A Medical Certificate may be revalidated in this manner only once.
11. An applicant for revalidation whose licence has lapsed more than 3 months shall not be issued with a temporary medical certificate unless the Aviation Medical Examiner is satisfied, by specific inquiry, that there has been no significant illness, injury or hospitalization since the issue of the previous permit or licence.
12. Medical examination reports and pertinent specialist or laboratory reports shall be forwarded to the appropriate Regional Office for the attention of the Regional Aviation Medical Officer, or the Aviation Medical Officer.
13. The medical standards cannot be sufficiently detailed to cover all individual medical problems or physical deficiencies and their significance to the functional role of the applicant. The judgement and discretion of the Aviation Medical Examiner is of extreme importance in such cases especially in the temporary assessment of fitness. Where the Aviation Medical Examiner has doubts concerning the fitness of an applicant he may omit the allocation of a category and refer the Medical Examination Report to the Regional Aviation Medical Officer, or the Aviation Medical Officer for assessment or further advice.

14. The Aviation Medical Examiner shall report to the Regional Aviation Medical Office any individual case where, in his judgement, already demonstrated ability, skill and experience of an applicant could compensate for a failure to meet a prescribed medical standard without adversely influencing the safe performance of his duties when exercising the privileges of the permit or licence. The exercise of flexibility in this case is the joint responsibility of Medical and Licensing Authorities. The 3 month temporary revalidation shall not in such cases be signed by the Aviation Medical Examiner.

Applicants Considered Unfit

15. Minimum medical fitness requirements for the various types of licence are broadly defined by international agreement through the International Civil Aviation Organization (ICAO). Canadian medical requirements honour this agreement, and procedures and standards outlined below reflect International Standards and Recommended Practices.
16. The issue or revalidation of a permit or licence shall be withheld if the medical requirements prescribed for that permit or licence are not met. However, under special circumstances flexibility may be applied and the permit or licence may be issued or revalidated if the following conditions are fulfilled:
- (a) Accredited medical conclusion indicates that the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the permit or licence applied for is not likely to affect air safety. The Licensing Authority shall be satisfied that any relevant ability, skill or experience of the applicant has been given due consideration.
 - (b) The permit or licence is endorsed with any special limitation or limitations when the safe performance of the permit or licence holder's duties is dependent on compliance with such limitation or limitations.
17. An applicant assessed unfit at the regional level may submit additional reports of Aviation Medical Examiners, specialist examinations and laboratory reports for reconsideration of the assessment. The applicant may, in addition, request the Regional Aviation Medical Officer, or the Aviation Medical Officer to forward all reports and findings to the Headquarters Aviation Medical Review Board for further consideration and consultation with the Licensing Authority.
18. In the event that a permit, licence or certificate holder cannot be considered fit to exercise the privileges of his permit, licence or certificate under the Medical Standards for Civil Aviation Personnel Licensing, appeal may be made to the Civil Aviation Tribunal.

Illness or Injury

19. A permit or licence holder who suffers from any illness disability or injury, or is taking any drug, medication or treatment which could impair his ability to exercise safely the privileges of the permit or licence held, should consider himself unfit unless specifically declared fit by an Aviation Medical Examiner. Any residual disability or requirement for long-term treatment resulting from illness or injury should also be considered disqualifying and should be evaluated by an Aviation Medical Examiner to determine if applicable standards continue to be met.

20. A ~~permit or~~ licence holder who becomes involved in an aircraft accident during the period of validity of a ~~permit or~~ licence may be required to undergo re-assessment.

**MEDICAL CATEGORY 1
PHYSICAL AND MENTAL REQUIREMENT**

This category applies to the issue or revalidation of

AIRLINE TRANSPORT PILOT LICENCE
COMMERCIAL PILOT LICENCE

NOTE: The holder of Medical Category 1 shall be considered fit for any licence for its respective duration of validity unless otherwise specified.

The medical examination and assessment shall be based upon the following requirements of physical and mental fitness.

1.1 The applicant shall be required to be free from

- (a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation.

such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe ~~operation~~ of an aircraft at any altitude throughout a prolonged or difficult flight, or may reasonably be expected within the period of ~~validity~~ of the licence to make the applicant unfit to exercise the privileges of the licence applied for or held.

1.2 The applicant shall not suffer from any disease or disability which renders him liable to become unable to ~~operate~~ an aircraft safely.

**MEDICAL CATEGORY 2
PHYSICAL AND MENTAL REQUIREMENT**

This category applies to the issue or revalidation of

FLIGHT ENGINEER LICENCE
AIR TRAFFIC CONTROLLER LICENCE

NOTE: Whereas the requirements for flight engineer closely approximate the requirements for Category 1, in the interest of reliable performance of flight duties throughout a prolonged or difficult flight as a member of the flight crew, the requirements of the Air Traffic Controller licence must be interpreted in respect to the applicant's working environment and the flight safety responsibilities involved.

The medical examination and assessment shall be based on the following requirements of physical and mental fitness.

2.1 The applicant shall be required to be free from

- (a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation.

such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with reliable performance of duties within the period of validity of the licence.

2.2 The applicant shall not suffer from any disease or disability which renders him liable to a sudden or insidious degradation of performance within the period of validity of the licence.

**MEDICAL CATEGORY 3
PHYSICAL AND MENTAL REQUIREMENT**

This category applies to the issue or revalidation of

STUDENT PILOT PERMIT
STUDENT BALLOON PILOT PERMIT
PRIVATE PILOT LICENCE
BALLOON PILOT LICENCE
COMMERCIAL PILOT LICENCE -
ULTRA-LIGHT AEROPLANES

The medical examination and assessment shall be based on the following requirements of physical and mental fitness.

3.1 The applicant shall be required to be free from

- a) any abnormality, congenital or acquired; or
- (b) any active, latent, acute or chronic disability; or
- (c) any wound, injury or sequelae from operation

such as would entail a degree of functional incapacity which accredited medical conclusion indicates would interfere with the safe operation of an aircraft during the period of validity of the licence.

3.2 The applicant shall not suffer from any disease or disability which is liable to give rise to in-flight incapacitation during the period of validity of the licence.

**MEDICAL CATEGORY 4
PHYSICAL AND MENTAL REQUIREMENT**

This category applies to the issue or revalidation of

PRIVATE PILOT LICENCE - ULTRA-LIGHT AEROPLANES
STUDENT PILOT PERMIT - ULTRA-LIGHT AEROPLANES
STUDENT GLIDER PILOT PERMIT
GLIDER PILOT LICENCE
RECREATION PILOT PERMIT - AEROPLANE

The medical examination and assessment shall be based on the following requirements of physical and mental fitness.

An applicant who meets the conditions specified in Part B of Form 26-0297 shall be deemed to have met the Category 4 Medical Standards. Recreational Pilot Permit applicants require a physician to complete Part C of the medical declaration.

4.1 An applicant shall have no disease past or present or any disability which is likely to interfere with the safe operation of an ultra-light aeroplane, a recreation aeroplane or glider during the period of validity of the licence.

4.2 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.3 Nervous System. The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:

- (a) psychosis or established neurosis;
- (b) alcohol dependence or abuse;
- (c) chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;
- (e) other significant mental abnormality.

1.4 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft;
- (b) a convulsive disorder;
- (c) any disturbance of consciousness without satisfactory medical explanation of cause;
- (d) any history of serious head injury the effects of which, according to the accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.

1.5 Cardiovascular System. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe operation of an aircraft.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.3 Nervous System. The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held as follows:

- (a) psychosis or established neurosis;
- (b) alcohol dependence or abuse;
- (c) chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;
- (e) other significant mental abnormality.

2.4 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, is likely to interfere with the reliable performance of duties;
- (b) a convulsive disorder;
- (c) any disturbance of consciousness without satisfactory medical explanation of cause;
- (d) any history of head injury the effects of which, according to accredited medical conclusion, are likely to interfere with reliable performance of duties.

2.5 Cardiovascular System. The applicant shall not possess any abnormality of the heart, congenital or acquired which is likely to be the cause of incapacitation during the period of validity of the licence.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.3 Nervous System. The applicant shall have no established medical history or clinical diagnosis which, according to accredited medical conclusion, would render the applicant unable to exercise safely the privileges of the licence or rating applied for or held, as follows:

- (a) psychosis or established neurosis;
- (b) alcohol dependence or abuse;
- (c) chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;
- (e) other significant mental abnormality.

3.4 The applicant shall have no established medical history or clinical diagnosis of any of the following:

- (a) a progressive or non-progressive disease of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft during the period of validity of the licence;
- (b) a convulsive disorder;
- (c) any disturbance of consciousness, without satisfactory medical explanation, which is likely to interfere with the safe operation of an aircraft.
- (d) any history of serious head injury the effects of which, according to accredited medical conclusion, are likely to interfere with the safe operation of an aircraft.

3.5 Cardiovascular System. The applicant shall not possess any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe operation of an aircraft.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.3 Nervous System: An applicant shall have no medical history or clinical diagnosis likely to interfere with the safe operation of an ultra-light aeroplane, recreation aeroplane or glider as follows:

- (a) a convulsive disorder, fits, recurrent fainting, severe head injury, post traumatic syndrome, severe headaches or migraines;
- (b) psychiatric illness;
- (c) alcohol or chemical dependence or abuse;
- (d) a personality or behavior disorder that has resulted in the commission of an overt act;

4.4 Not allocated.

4.5 Cardiovascular System. The applicant shall have no current cardiovascular conditions likely to interfere with the safe operation of an ultra-light aeroplane or glider.

NOTE: An applicant indicated by accredited medical conclusion to have made a satisfactory recovery from myocardial infarction, coronary artery bypass or whose hypertension is controlled by acceptable medications may be considered fit.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.6 An established medical history or clinical diagnosis of

- (a) myocardial infarction; or
- (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease, considered by accredited medical conclusion to potentially predispose to an incapacitating event, shall be assessed unfit.

1.7 Routine electrocardiography shall form part of the heart examination of an applicant

- (a) for the first issue of a Medical Certificate;
- (b) within the two years preceding the examination between ages 30 years and 40 years; and
- (c) within the 12 months preceding the examination after age 40.

NOTE: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification unless supported by clinical evaluation.

1.8 The systolic and diastolic blood pressure shall be within normal limits.

NOTE: 1: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be closely monitored by the aviation medical examiner or a physician in communication with the Regional Aviation Medical Officer or the Aviation Medical Officer.

- 2: When initiating a new medication for the treatment of hypertension, it is recommended that the pilot ~~not exercise the privileges of his licence~~ for a minimum period of two weeks to ensure that the new medication is well tolerated.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.6 An established medical history or clinical diagnosis of

- (a) myocardial infarction; or
- (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease, considered by accredited medical conclusion to potentially predispose to an incapacitating event, shall be assessed unfit.

2.7 Routine electrocardiography shall form part of the heart examination of an applicant

- (a) for the first issue of a Medical Certificate;
- (b) within the two years preceding the examination between ages 30 years and 40 years; and
- (c) within the 12 months preceding the examination after age 40.

NOTE: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification unless supported by clinical evaluation.

2.8 The systolic and diastolic blood pressure shall be within normal limits.

NOTE: 1: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which, according to accredited medical conclusion, can be adequately tolerated by the applicant and are comparable with the safe performance of duties.

- 2: An Air Traffic Control applicant indicated by accredited medical conclusion to have made a satisfactory recovery from myocardial infarction may be assessed as fit.
- 3: When initiating a new medication for the treatment of hypertension, it is recommended that the applicant ~~not exercise the privileges of his licence~~ for a minimum period of two weeks to ensure that the new medication is well tolerated.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.6 An established medical history or clinical diagnosis of

- (a) myocardial infarction; or
- (b) myocardial ischemia, overt or silent, or other evidence of coronary artery disease considered by accredited medical conclusion to potentially predispose to an incapacitating event shall be assessed unfit.

3.7 Routine electrocardiography shall form part of the heart examination of an applicant

- (a) at the first examination after the applicant has attained the age of forty years; and
- (b) subsequently within the five years preceding the examination.

NOTE: 1: The purpose of routine electrocardiography is case finding. It does not provide sufficient evidence to justify disqualification unless supported by clinical evaluation.

- 2: To avoid possible inconvenience at a later date all applicants under the age of 40 are encouraged to submit a routine ECG upon initial application.

3.8 The systolic and diastolic blood pressure shall be within normal limits.

NOTE: 1: The use of drugs for control of high blood pressure is disqualifying except for those drugs, the use of which according to accredited medical conclusion, can be adequately tolerated by the applicant, are compatible with the safe performance of duties and can be closely monitored by the aviation medical examiner or a physician in communication with the Regional Aviation Medical Officer or the Aviation Medical Officer.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

4.6 Not allocated.

4.7 Routine electrocardiography shall form part of the heart examination of an applicant for a Recreational Pilot Permit

- (a) at the first examination after the applicant has attained the age of fifty years; and
- (b) subsequently every four years thereafter.

NOTE: The ECG tracing is not required to be submitted with the medical declaration form.

4.8 If the pilot is taking medication for the control of high blood pressure, the medications used should be approved by the Regional Aviation Medical Officer or the Aviation Medical Officer.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.

1.10 Respiratory System. There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.

NOTE: Radiography shall form part of the examination in the initial evaluation of cases with a history or clinical evidence of a significant respiratory system condition and wherever indicated to rule out intra-thoracic disease.

1.11 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties.

1.12 Cases of pulmonary emphysema shall be assessed as unfit only if the condition is causing obvious symptoms on moderate exercise and could lead to impairment at altitude.

1.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.

2.10 Respiratory System. There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum. Radiography shall form a part of the initial medical examination in all doubtful clinical cases.

2.11 Any extensive mutilation of the chest wall with collapse of the thoracic cage and sequelae of surgical procedures resulting in decreased respiratory efficiency at altitude shall be assessed as unfit for flight duties. Air Traffic Control applicants shall have a respiratory efficiency within the normal range for the conditions described above.

2.12 Cases of pulmonary emphysema shall be assessed as unfit if the condition is causing symptoms.

2.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

- 2: When initiating a new medication for the treatment of hypertension, it is recommended that the pilot not exercise the privileges of his permit or licence for a minimum period of two weeks to ensure that the new medication is well tolerated.
- 3.9 There shall be no functional or structural abnormality of the peripheral vascular system which accredited medical conclusion indicates could affect safe performance of duties.

3.10 Respiratory System. There shall be no significant disability or progressive disease of the lungs, pleura or mediastinum.

NOTE: Radiography shall form part of the examination in the initial evaluation of cases with a history or clinical evidence of a significant respiratory system condition and wherever indicated to rule out intra-thoracic disease.

3.11 Not allocated.

3.12 Not allocated.

3.13 Cases of active pulmonary tuberculosis shall be assessed as unfit. Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.9 Not allocated.

4.10 Respiratory System. An applicant shall not suffer from any acute or chronic respiratory condition which might interfere with the safe operation of an ultra-light aeroplane, recreation aeroplane or glider.

4.11 Not allocated.

4.12 Not allocated

4.13 Not allocated

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.14 **Gastro-Intestinal System.** There shall be no disease of the gastro-intestinal tract which accredited medical conclusion indicates could affect safe performance of duties.

1.15 The applicant shall be free from any hernia that might give rise to incapacitating symptoms in flight.

1.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, likely to cause incapacitation in flight, in particular any obstructions due to stricture or compression, shall be assessed as unfit.

NOTE: An applicant who has undergone a major surgical operation on the biliary passages or the digestive tract or its adnexa, involving a total or partial excision or a diversion of any of these organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.

Other Medical Conditions

1.17 Cases of metabolic, nutritional or endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.

1.18 Cases of diabetes mellitus may be assessed fit provided certain specific criteria as outlined in the Health Canada publication *Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers, With Diabetes Mellitus* are met.

1.19 Deleted

1.20 Deleted

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.14 **Gastro-Intestinal System.** There shall be no disease of the gastro-intestinal tract which accredited medical conclusion indicates could affect safe performance of duties.

2.15 The applicant shall be free from any hernia that is likely to give rise to incapacitating symptoms while exercising the privileges of the licence.

2.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, liable to give rise to incapacitating or distracting symptoms, in particular any obstructions due to stricture or compression, shall be assessed as unfit.

Other Medical Conditions

2.17 Cases of metabolic, nutritional or endocrine disorders likely to interfere with reliable performance of duties shall be assessed as unfit.

2.18 Cases of diabetes mellitus may be assessed fit provided certain specific criteria as outlined in the Health Canada publication *Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers, With Diabetes Mellitus* are met.

2.19 Deleted

2.20 Deleted

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.14 Gastro-Intestinal System. There shall be no disease of the gastro-intestinal tract which accredited medical conclusion indicates could affect safe performance of duties.

3.15 The applicant shall be free from inguinal, hiatal or other hernia that might give rise to sudden incapacitation in flight.

3.16 Any sequelae of disease, medication or surgical intervention on any part of the digestive tract and its adnexa, and in particular any stricture or compression that might cause sudden incapacitation in flight, shall be assessed as unfit.

Other Medical Conditions

3.17 Cases of metabolic, nutritional and endocrine disorders likely to interfere with the safe operation of an aircraft shall be assessed as unfit.

3.18 Cases of diabetes mellitus may be assessed fit provided certain criteria as outlined in the Health Canada publication *Canadian Guidelines for the Assessment of Medical Fitness in Pilots, Flight Engineers and Air Traffic Controllers, With Diabetes Mellitus are met.*

3.19 Deleted

3.20 Deleted

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.14 Not allocated

4.15 Not allocated

4.16 Not allocated.

Other Medical Conditions

4.17 An applicant shall not suffer from any unstable metabolic disorder likely to interfere with the safe operation of an ultra-light aeroplane, recreation aeroplane or glider.

4.18 Not allocated.

4.19 Deleted

4.20 Deleted

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.21 **Genito-Urinary System.** Cases presenting signs of established or progressive organic disease of the kidney or genito-urinary tract shall be assessed as unfit. The urine shall be free of any element considered to be pathological. Urinary conditions of a transient nature should be considered unfit.

1.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

NOTE: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.

1.23 An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence satisfactory to the Aviation Medical Examiner, that he has undergone adequate treatment and is free from communicable disease. Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.

1.24 Applicants who have a history of gynecological disorders that have not responded to treatment or require medication incompatible with the safe operation of an aircraft shall be assessed as unfit. In the case of a normal pregnancy the applicant may be considered fit until the thirtieth week of pregnancy. If the applicant wishes to exercise the privileges of her licence before six weeks post partum, a report from her attending physician must be submitted to the RAMO or AMO.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

2.21 Not allocated.

2.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to affect the reliable performance of duties. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

NOTE: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to affect the reliable performance of duties.

2.23 An applicant for the first issue of a licence who has a personal history of syphilis shall be required to furnish evidence, satisfactory to the Aviation Medical Examiner, that he has undergone adequate treatment. Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.

2.24 Applicants who have a history of gynecological disorders that are likely to interfere with the reliable performance of duties shall be assessed as unfit. In the event of a normal pregnancy the applicant may exercise the privileges of her ATC licence until term (expected date of confinement). If the applicant wishes to exercise the privileges of her licence before six weeks post partum, a report from her attending physician must be submitted to the RAMO or AMO.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.21 **Genito-Urinary System.** Cases of organic disease of the genito-urinary tract likely to affect the safe operation of an aircraft shall be considered unfit. The urine shall contain no abnormal element indicative of such disease or indicative of any other unassessed general condition.

3.22 Any sequelae of disease, medication or surgical procedures on the kidneys and the urinary tract liable to cause incapacitation, in particular any obstructions due to stricture or calculus obstruction, shall be assessed as unfit unless accredited medical conclusion considers that the condition is not liable to cause incapacitation in the air. Compensated nephrectomy without hypertension or uremia may be assessed as fit.

NOTE: An applicant who has undergone a major surgical operation on the urinary system, which has involved a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as accredited medical conclusion considers that the effects of the operation are not liable to cause incapacitation in the air.

3.23 Seropositive HIV applicants shall be assessed unfit, unless certain specific criteria, as determined by accredited medical conclusion, can be met.

3.24 Applicants who have a history of gynecological disorders that have not responded to treatment or require medication incompatible with the safe operation of an aircraft shall be assessed as unfit. In the case of a normal pregnancy the applicant may be considered fit until the thirtieth week of pregnancy. If the applicant wishes to exercise the privileges of her licence before six weeks post partum, a report from her attending physician must be submitted to the RAMO or AMO.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.21 Not allocated.

4.22 Not allocated.

4.23 Not allocated.

4.24 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

NOTE: Applicants who have undergone gynecological operations shall be considered individually by the aviation medical examiner, and doubtful cases considered unfit pending accredited medical conclusion.

1.25 Musculoskeletal System. Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting bones, joints, muscles or tendons and certain anatomical defects compatible with the safe performance of duties at any altitude and throughout a prolonged or difficult flight may be assessed as fit.

1.26 Ear, Nose and Throat Conditions. There shall be

- (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;
- (b) no unhealed (unclosed) perforation of the tympanic membranes (see note). Licences shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements are complied with;
- (c) no permanent obstruction of the Eustachian tubes;
- (d) no permanent disturbances of the vestibular system.

NOTE: A single dry perforation of non-infectious origin need not render the applicant unfit.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

NOTE: Applicants who have undergone gynecological operations shall be considered individually by the aviation medical examiner, and doubtful cases considered unfit pending accredited medical conclusion.

2.25 Musculoskeletal System. Any active disease of the bones, joints, muscles or tendons, congenital abnormality and extreme disproportion or significant functional sequelae of congenital or acquired disease, likely to be a handicap in the working environment, shall be assessed as unfit. Functional after-effects of lesions affecting bones, joints, muscles or tendons, and certain anatomical defects compatible with the safe performance of duties may be assessed as fit.

2.26 Ear, Nose and Throat Conditions. There shall be

- (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;
- (b) no unhealed (unclosed) perforation of the tympanic membranes (see note). Licences shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements are complied with;
- (c) no permanent obstruction of the Eustachian tubes;
- (d) no permanent disturbances of the vestibular system. Transient conditions may be assessed as temporarily unfit;
- (e) no serious malformation, nor acute or chronic infection of the buccal cavity or upper respiratory tract that affects speech or is likely to interfere with reliable performance of duties.

NOTES 1: A single dry perforation of non-infectious origin need not render the applicant unfit.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.25 Musculoskeletal System. Any active disease of the bones, joints, muscles or tendons and all serious functional sequelae of congenital or acquired disease shall be assessed as unfit. Functional after-effects of lesions affecting the bones, joints, muscles or tendons and certain anatomical defects compatible with the safe performance of duties may be assessed as fit.

3.26 Ear, Nose and Throat Conditions. There shall be

- (a) no active pathological process, acute or chronic, of the inner ear or of the middle ear;
- (b) no unhealed (unclosed) perforation of the tympanic membranes (see note). Licences shall not be issued or revalidated in these circumstances unless the appropriate hearing requirements are complied with;
- (c) no permanent obstruction of the Eustachian tubes;
- (d) no permanent disturbances of the vestibular system.

NOTE: A single dry perforation of non-infectious origin need not render the applicant unfit.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENTS

4.25 Not allocated.

4.26 Ear, Nose and Throat Conditions. An applicant shall not suffer from any condition of the ears, nose or throat which is likely to interfere with the safe operation of an ultra-light aeroplane, recreation aeroplane or glider.

MEDICAL CATEGORY 1 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

1.27 There shall be free nasal air entry on both sides and the nasal and sinus cavities shall be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect the safe performance of duties.

1.28 Speech defects and stuttering that cause communication difficulties will be considered unfit.

HEARING REQUIREMENT

1.29 The applicant shall be required to be free from any hearing defect which would interfere with the safe performance of his duties in exercising the privileges of his licence.

1.30 The applicant shall be tested on a pure tone audiometer at the initial examination for a Medical Category I and at the first medical examination after age 55, unless tested satisfactory during the five years preceding these dates, and shall not show a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.

MEDICAL CATEGORY 2 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

NOTES 2: In the revalidation of Air Traffic Licences the Aviation Medical Examiner shall assess any pathology of the ear and inner ear in respect to the ground duties involved. The licence shall not be revalidated, however, unless the applicant can meet the hearing requirements.

3: In the case of Flight Engineer there shall be no significant or chronic obstruction of the nasal or sinus cavities that is likely to affect the reliable performance of duties.

2.27 Not allocated.

2.28 Not allocated.

HEARING REQUIREMENT

2.29 The applicant shall be required to be free from any hearing defect which would interfere with the safe performance of his duties in exercising the privileges of his licence.

2.30 The applicant shall be tested on a pure tone audiometer at the initial examination for a Medical Category 2 and at the first medical examination after age 55, unless tested satisfactory during the five years preceding these dates, and shall not show a hearing loss, in either ear separately, of more than 35 dB at any of the frequencies 500, 1000, 2000 Hz or more than 50 dB at 3000 Hz.

MEDICAL CATEGORY 3 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

3.27 There shall be free nasal air entry on both sides, and the nasal and sinus cavities should be free from significant obstructions. There shall be no serious malformation nor serious acute or chronic infection of the buccal cavity or upper respiratory tract that might affect safe performance.

3.28 Speech defects and stuttering that are liable to give rise to radio communication difficulties will be considered unfit.

HEARING REQUIREMENT

3.29 The applicant shall be required to be free from any hearing defect which would interfere with the safe performance of his duties in exercising the privileges of his licence.

3.30 Not allocated.

MEDICAL CATEGORY 4 (cont'd)
PHYSICAL AND MENTAL REQUIREMENT

4.27 Not allocated.

4.28 Not allocated.

HEARING REQUIREMENT

4.29 Not allocated.

4.30 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
HEARING REQUIREMENT

1.31 At each examination the applicant will demonstrate, in a quiet room, the ability to hear a soft-whispered voice in each ear separately at a distance of two metres (six feet) from the Aviation Medical Examiner. Applicants experiencing some difficulty with routine whisper will be tested by pure tone audiometry.

1.32 Provided that there is no greater loss than 50 dB at 3000 Hz, applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear may be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear will be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion.

NOTES 1: The reference zero for calibration of pure tone audiometers used is that of the International Organization of Standardization Recommendation R389, 1964 or that of the American National Standards Institute.

2: A quiet room for the purpose of hearing tests is a room in which the intensity of background noise is less than 50 dB when measured on 'slow' response of an 'A'-weighted sound meter.

MEDICAL CATEGORY 2 (cont'd)
HEARING REQUIREMENT

2.31 At each examination the applicant will demonstrate, in a quiet room the ability to hear a soft-whispered voice in each ear at a distance of two metres (six feet) from the Aviation Medical Examiner. Applicants experiencing some difficulty with routine whisper will be tested by pure tone audiometry.

2.32 Provided that there is no greater loss than 50 dB at 3000 Hz, applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear may be considered fit if they can demonstrate satisfactory hearing in the cockpit or ATC noise environment in which they normally operate. Average losses greater than 45 dB in the better ear will be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion.

NOTES 1: The reference zero for calibration of pure tone audiometer used is that of the International Organization of Standardization Recommendation R389, 1964 or that of the American National Standards Institute.

2: A quiet room for the purpose of hearing tests is a room in which the intensity of background noise is less than 50 dB when measured on 'slow' response of an 'A'-weighted sound level meter.

MEDICAL CATEGORY 3 (cont'd)
HEARING REQUIREMENT

3.31 At each examination the applicant will demonstrate, in a quiet room, the ability to hear a soft-whispered voice in each ear at a distance of two metres (six feet) from the Aviation Medical Examiner and an average conversational voice with both ears at three metres (nine feet) with the back turned to the Aviation Medical Examiner. Applicants experiencing difficulty with routine whisper or conversational voice tests will be tested by pure tone audiometry.

3.32 Provided that there is no greater loss than 50 dB at 3000 Hz applicants who show an average loss on pure tone audiometry of no greater than 45 dB in the better ear may be considered fit if they can demonstrate satisfactory hearing in the cockpit noise environment in which they normally operate. Average losses greater than 45 dB in the better ear will be evaluated by an otolaryngologist and be subject to individual assessment according to accredited medical conclusion.

NOTES 1: The reference zero for calibration of pure tone audiometers used is that of the International Organization for Standardization Recommendation R389, 1964 or that of the American National Standards Institute.

2: A quiet room for the purpose of hearing ~~tests~~ is a room in which the intensity of background noise is less than 50 dB when measured on 'slow' response of an 'A'-weighted sound meter.

3: A sound level of an average conversational voice used for voice testing is considered to range from 85 to 95 dB at point of output.

4: Where a hearing aid is required to meet the requirements of paras. 3.31 or 3.32 the validation certificate shall be endorsed "Valid only when wearing a satisfactory hearing aid".

MEDICAL CATEGORY 4 (cont'd)
HEARING REQUIREMENT

4.31 Not allocated.

4.32 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
HEARING REQUIREMENT

VISUAL REQUIREMENT

1.33 The function of the eyes and their adnexa shall be normal. There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardize safety in flight, or safe performance of duties.

1.34 The applicant shall be required to have normal fields of vision.

1.35 The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses the applicant may be assessed fit provided that

- (a) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;
- (b) the applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of ± 3.5 diopters (equivalent spherical error); and
- (c) the applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.

MEDICAL CATEGORY 2 (cont'd)
HEARING REQUIREMENT

VISUAL REQUIREMENT

2.33 There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardize safety in flight, or safe performance of duties.

2.34 The applicant shall be required to have normal fields of vision.

2.35 The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed fit provided that

- (a) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;
- (b) the applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of ± 5.0 diopters (equivalent spherical error); and
- (c) the applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.

Individual applicants whose refractive error in either eye falls outside the range of ± 5 diopters (equivalent spherical error) may be accepted as fit according to accredited medical conclusion.

NOTES 1: "Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses should not be approved prior to six months trial wear.

NOTES 1: "Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses should not be approved prior to six months trial wear.

MEDICAL CATEGORY 3 (cont'd)
HEARING REQUIREMENT

VISUAL REQUIREMENT

3.33 The function of the eyes and their adnexa shall be normal. There shall be no active pathological or artificially induced condition, acute or chronic, of either eye or adnexa which is likely to interfere with its proper function to an extent that would jeopardize safety in flight, or safe performance of duties.

3.34 The applicant shall be required to have normal fields of vision.

3.35 The applicant shall be required to have a distant visual acuity of not less than 6/9 (20/30) in each eye separately, with or without the use of correcting lenses. Where this standard of visual acuity can be obtained only with correcting lenses, the applicant may be assessed fit provided that

- (a) such correcting lenses are worn when exercising the privileges of the licence or rating applied for or held;
- (b) the applicant possesses a visual acuity without correction in each eye separately, not less than 6/60 (20/200) and the refractive error falls within the range of \pm 5 diopters (equivalent spherical error); and
- (c) the applicant has a spare pair of suitable correcting glasses available for immediate use when exercising the privileges of the licence.

Individual applicants whose refractive error in either eye falls outside the range of \pm 5 diopters (equivalent spherical error) may be accepted as fit according to accredited medical conclusion.

NOTES 1: "Correcting lenses" shall be interpreted to mean spectacles or contact lenses. Contact lenses should not be approved prior to six months trial wear.

MEDICAL CATEGORY 4 (cont'd)
HEARING REQUIREMENT

VISUAL REQUIREMENT

4.33 An applicant shall have a distant visual acuity of no less than 20/30 (6/9) corrected or uncorrected in the better eye.

4.34 The applicant shall be required to have normal fields of vision.

4.35 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
VISUAL REQUIREMENT

- 2: Visual acuity will be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart will be illuminated to a level equivalent to that provided by a 100 watt lightbulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room should be darkened with exception of the illuminated chart.
- 3: An applicant accepted as meeting the provisions of para. 1.35 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each re-examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity and the occurrence of eye disease, eye injury or eye surgery.

1.36 The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If the requirement is met only by the use of correcting lenses, the applicant may be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the licence.

NOTES 1: N5 refers to the Faculty of Ophthalmologist's reading type.

MEDICAL CATEGORY 2 (cont'd)
VISUAL REQUIREMENTS

- 2: Visual acuity will be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart will be illuminated to a level equivalent to that provided by a 100 watt lightbulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room should be darkened with exception of the illuminated chart.
- 3: An applicant accepted as meeting the provisions of para. 2.35 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity and the occurrence of eye disease, eye injury or eye surgery.

2.36 The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If this requirement is met only by the use of correctional lenses, the applicant may be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the licence.

NOTES 1: N5 refers to the Faculty of Ophthalmologist's reading type.

MEDICAL CATEGORY 3 (cont'd)
VISUAL REQUIREMENT

- 2: Visual acuity will be measured using Landolt Rings, a chart of Snellen letters, or other similar optotypes situated at an optical distance of 6 metres (20 feet) in either an eye lane or an approved vision testing instrument. Where an eye lane is used, the test chart will be illuminated to a level equivalent to that provided by a 100 watt lightbulb placed 120 centimetres (4 feet) in front of, and slightly above the chart and the light shielded against the applicant. The examination room should be darkened with exception of the illuminated chart.
- 3: An applicant accepted as meeting the provisions of para. 3.35 (b) is deemed to continue to do so unless there is reason to suspect otherwise, in which case refraction is repeated as required. The uncorrected visual acuity is measured and recorded at each examination. Conditions which indicate a need to redetermine the refractive error include, but are not limited by: a refractive state close to the limit of acceptability, a substantial decrease in the uncorrected visual acuity, and the occurrence of eye disease, eye injury or eye surgery.

3.36 The applicant shall be required to have the ability to read the N5 Chart or its equivalent at a distance of 30 to 50 centimetres (12 to 20 inches). If this requirement is met only by the use of correcting lenses, the applicant may be assessed as fit provided that such lenses are available for immediate use when exercising the privileges of the licence.

NOTES 1: N5 refers to the Faculty of Ophthalmologist's reading type.

MEDICAL CATEGORY 4 (cont'd)
VISUAL REQUIREMENT

4.36 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
VISUAL REQUIREMENT

- 2: An applicant who needs correction to meet this requirement will require "look-over", bifocal or perhaps trifocal lenses to enable him to read the instruments and a chart or manual held in the hand, and also make use of distant vision through the windscreen without removing his lenses. Single-vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the visual flight deck tasks relevant to the type of aircraft in which he is likely to function or to other aviation tasks.

1.37 Unless otherwise specified, an applicant is permitted to wear only one set of correcting lenses when complying with the requirements of paras. 1.35 and 1.36. When correcting lenses are required, the Medical Certificate shall be endorsed with the applicable limitation.

NOTES 1: All contact lens wearers are required to have replacement glasses available for immediate use in the event the contact lens(es) become dislodged or are required to be removed in flight; and

Hard contact lens wearers may be required to have two pairs of glasses available to overcome the frequent phenomenon of spectacle blur. In such cases, one pair of glasses should correct the vision immediately following removal of the lens(es), the second pair should correct the vision after the eye is stabilized.

- 2: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation may be required should he, in the future, wish to wear glasses only on a continuing basis while flying.

MEDICAL CATEGORY 2 (cont'd)
VISUAL REQUIREMENT

- 2: An applicant who needs correction to meet this requirement will require "look-over", bifocal or perhaps trifocal lenses to enable him to read instruments, charts, manuals, etc., and still make use of distant vision without removing his lenses. Single vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of the reading distances for the visual flight deck or Air Traffic Control tasks relevant to the normal work environment.

2.37 Unless otherwise specified, an applicant is permitted to wear only one set of correcting lenses when complying with the requirements of paras. 2.35 and 2.36. When correcting lenses are required, the Medical Certificate shall be endorsed with the applicable limitation.

NOTES 1: All contact lens wearers are required to have replacement glasses available for immediate use in the event the contact lens(es) become dislodged or are required to be removed during flight or during Air Traffic Control duties; and

Hard contact lens wearers may be required to have two pairs of glasses available to overcome the frequent phenomenon of spectacle blur. In such cases, one pair of glasses should correct the vision immediately following removal of the lens(es), the second pair should correct the vision after the eye is stabilized.

- 2: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation may be required should he, in the future, wish to wear glasses only on a continuing basis while flying.

MEDICAL CATEGORY 3 (cont'd)
VISUAL REQUIREMENT

2: An applicant who needs correction to meet this requirement will require "look-over", bifocal or perhaps trifocal lenses to enable him to read the instruments and a chart or manual held in the hand, and also make use of distant vision through the windscreen without removing his lenses. Single-vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distant visual acuity. Whenever there is a requirement to obtain or renew correcting lenses, an applicant is expected to advise the refractionist of reading distances for the visual cockpit tasks relevant to the type of aircraft in which he is likely to function or to other aviation tasks.

3.37 Unless otherwise specified, an applicant is permitted to wear only one set of correcting lenses when complying with the requirements of paras. 3.35 and 3.36. When correcting lenses are required, the Medical Certificate shall be endorsed with the applicable limitation.

NOTES 1: All contact lens wearers are required to have replacement glasses available for immediate use in the event the contact lens(es) become dislodged or are required to be removed in flight; and

Hard contact lens wearers may be required to have two pairs of glasses available to overcome the frequent phenomenon of spectacle blur. In such cases one pair of glasses should correct the vision immediately following removal of the lens(es), the second pair should correct the vision after the eye is stabilized.

2: When an applicant is licensed with the limitation "Valid only when wearing required contact lenses" further evaluation may be required should he, in the future, wish to wear glasses only on a continuing basis while flying.

MEDICAL CATEGORY 4 (cont'd)
VISUAL REQUIREMENT

4.37 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
VISUAL REQUIREMENT

- 3: Prescription sun lenses shall not be deemed to meet these requirements for flight at night.

1.38 Ocular Muscle Balance. The applicant shall be assessed with the Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters. The acceptable limits shall be 6 diopters for exophoria and esophoria, and 1 diopter for hyperphoria.

NOTE: Applicants found to have ocular muscle imbalance greater than the above noted will normally be referred to an eye specialist for evaluation. Such cases can still be licensed under the standards provided that there is no danger of developing diplopia during the course of a prolonged or difficult flight.

COLOUR PERCEPTION REQUIREMENT

1.39 The candidate shall be required to demonstrate his ability to perceive readily those colours the perception of which is necessary for the safe performance of his duties. For this requirement, one of the following colour test plates and score shall be used.

<u>TYPES OF PLATES</u>	<u>EDITION</u>	<u>PLATES TO MAX #</u>		
		<u>BE READ</u>	<u>ERRORS</u>	
(pseudo-isochromatic)				
American Optical	18 plates (1378A)	1-18 (incl)	3	
Ishihara	14 plates	1-11 (incl)	1	
Ishihara	16 plates	1- 8 (incl)	1	
Ishihara	24 plates	1-15 (incl)	2	
Ishihara	36 plates	1-21 (incl)	3	
American Optical	20 plates HRR (2nd. ed)	1- 6 (incl)	0	
*Titmus Vision Tester	ALL	0		
*Keystone Orthoscope	ALL	0		
*Keystone Telebinocular	ALL	0		

*If failed, retest with plates to verify.

MEDICAL CATEGORY 2 (cont'd)
VISUAL REQUIREMENT

- 3: Prescription sun lenses shall not be deemed to meet these requirements for night duties.

2.38 Ocular Muscle Balance. The applicant shall be assessed with the Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters. The acceptable limits shall be 6 diopters for exophoria and esophoria, and 1 diopter for hyperphoria.

NOTE: Applicants found to have ocular muscle imbalance greater than the above noted will normally be referred to an eye specialist for evaluation. Such cases may be assessed fit according to accredited medical conclusion.

COLOUR PERCEPTION REQUIREMENT

2.39 The candidate shall be required to demonstrate his ability to perceive readily those colours the perception of which is necessary for the safe performance of his duties. For this requirement, one of the following colour test plates and score shall be used.

<u>TYPES OF PLATES</u>	<u>EDITION</u>	<u>PLATES TO MAX #</u>		
		<u>BE READ</u>	<u>ERRORS</u>	
(pseudo-isochromatic)				
American Optical	18 plates (1378A)	1-18 (incl)	3	
Ishihara	14 plates	1-11 (incl)	1	
Ishihara	16 plates	1- 8 (incl)	1	
Ishihara	24 plates	1-15 (incl)	2	
Ishihara	36 plates	1-21 (incl)	3	
American Optical	20 plates HRR (2nd. ed)	1- 6 (incl)	0	
*Titmus Vision Tester	ALL	0		
*Keystone Orthoscope	ALL	0		
*Keystone Telebinocular	ALL	0		

*If failed, retest with plates to verify.

MEDICAL CATEGORY 3 (cont'd)
VISUAL REQUIREMENT

- 3: Prescription sun lenses shall not be deemed to meet these requirements for flight at night.

3.38 Ocular Muscle Balance. The applicant shall be assessed with the Cover-Uncover Test, or an appropriate technique to measure the amount of exophoria, esophoria and hyperphoria present in prism diopters. The acceptable limits shall be 6 diopters for exophoria and esophoria, and 1 diopter for hyperphoria.

NOTE: Applicants found to have ocular muscle imbalance greater than the above noted will normally be referred to an eye specialist for evaluation. Such cases may be assessed fit according to accredited medical conclusion.

COLOUR PERCEPTION REQUIREMENT

3.39 The candidate shall be required to demonstrate his ability to perceive readily those colours the perception of which is necessary for the safe performance of his duties. For this requirement, one of the following colour test plates and score shall be used.

<u>TYPES OF PLATES</u>	<u>EDITION</u>	<u>PLATES TO MAX # BE READ</u>	<u>MAX #</u>
(pseudo-isochromatic)			
American Optical	18 plates (1378A)	1-18 (incl)	3
Ishihara	14 plates	1-11 (incl)	1
Ishihara	16 plates	1- 8 (incl)	1
Ishihara	24 plates	1-15 (incl)	2
Ishihara	36 plates	1-21 (incl)	3
American Optical HRR	20 plates (2nd. ed)	1- 6 (incl)	0
*Titmus Vision Tester	ALL		0
*Keystone Orthoscope	ALL		0
*Keystone Telebinocular	ALL		0

*If failed, retest with plates to verify.

MEDICAL CATEGORY 4 (cont'd)
VISUAL REQUIREMENT

- 4.38 Not allocated.

COLOUR PERCEPTION REQUIREMENT

- 4.39 Not allocated.

MEDICAL CATEGORY 1 (cont'd)
COLOUR PERCEPTION REQUIREMENT

1.40 If an applicant does not qualify under para. 1.39, his colour vision may be assessed fit under this requirement if he passes a Canadian Forces or Civil Aeronautics colour perception lantern test or a Farnsworth D-15 test.

1.41 An applicant who does not qualify under paras. 1.39 or 1.40 may be assessed as fit for a restricted Commercial Pilot Licence. The licence shall be issued with the following restriction: "Valid daylight only, 2-way radio required at controlled airports".

NOTE The colour perception practical test is no longer acceptable.

MEDICAL CATEGORY 2 (cont'd)
COLOUR PERCEPTION REQUIREMENT

2.40 If an applicant does not qualify under para. 2.39, his colour vision may be assessed fit under this requirement if he passes a Farnsworth D-15 test.

NOTE The colour perception lantern test is no longer acceptable for a Category 2 (ATC) applicant.

2.41 Not allocated.

MEDICAL CATEGORY 3 (cont'd)
COLOUR PERCEPTION REQUIREMENT

3.40 If an applicant does not qualify under para. 3.39, his colour vision may be assessed fit under this requirement if he passes a Canadian Forces or Civil Aeronautics colour perception lantern test or a Farnsworth D-15 test.

3.41 Applicants who do not meet the Requirements of paras. 3.39 and 3.40 may be considered fit with the following restriction: "Valid daylight only, 2-way radio required at controlled airports".

NOTE The colour perception practical test is no longer acceptable.

MEDICAL CATEGORY 4 (cont'd)
COLOUR PERCEPTION REQUIREMENT

4.40 Not allocated.

4.41 Not allocated.

MEDICAL REQUIREMENTS

THE MEDICAL CATEGORIES AND VALIDITY PERIODS FOR EACH LICENCE AND PERMIT ARE DETAILED AS FOLLOWS:

Type of Licence/Permit	Category	Validity Period in Months	
		Under 40	40 years and over
Airline Transport Pilot - Aeroplane or Helicopter	1	12	6
Senior Commercial Pilot	1	12	6
Commercial Pilot - Aeroplane or Helicopter	1	12	6
Commercial Pilot - Ultra-Light Aeroplane	1,3	60	60
Private Pilot - Aeroplane, Gyroplane or Helicopter	1,3	24	12
Private Pilot - Ultra-Light Aeroplane	1,3,4	60	60
Glider Pilot	1,3,4	60	60
Balloon Pilot	1,3	24	12
Recreational Pilot Permit - Aeroplane	1,3,4	60	24
Student Pilot - Aeroplane, Gyroplane or Helicopter	1,3	24	12
Student Pilot - Ultra-Light Aeroplane	1,3,4	60	60
Student Glider Pilot	1,3,4	60	60
Student Balloon Pilot	1,3	24	12
Flight Engineer	1,2	12	12
Air Traffic Controller	1,2	24	12
Glider Pilot Instructor Rating	3	60	

APPENDIX I

Transport
Canada

Aviation

Transports
Canada

Aviation

CIVIL AVIATION MEDICAL EXAMINATION REPORT

PART A: (TO BE COMPLETED BY APPLICANT)

Type of Licence desired (If A.T.C. state position)	Aviation Licence held (Type)	Licence Number	Telephone Number Business ()	Home ()		
Given Names		Surname		Former Surname		
Address (Number, Street, Apt.)		City, Province		Prov. of Residence	Postal Code	
Has your mailing address changed since your last medical? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth Y M D	Place of Birth (Country)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizen of	Education	
Occupation	Employer		PILOT FLIGHT TIME	Last 90 days	Last 12 months	Grand Total
Have you had an aircraft accident since your last civil aviation medical examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Y M D	Place		Aircraft Registration Marks
Have you consulted a physician since your last aviation medical examination? If yes, give reason		Have you ever been refused issue or renewal of a Civil Aviation Licence for medical reasons?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Audiogram	Y M D
		Are you receiving a pension or compensation for injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last E.C.G.	Y M D
		Last Civil Aviation Medical Examination Date		Y M D	Place (City, Province) or Country	
Primary Type of flying intended <input type="checkbox"/> Recreation <input type="checkbox"/> Business <input type="checkbox"/> Career			Language of Aeronautical Publications <input type="checkbox"/> English <input type="checkbox"/> French			

PART B: (TO BE COMPLETED BY EXAMINER)

Is there a family history of:	Yes	No	Details - To be completed by Medical Examiner		C.V. Risk Factors Examiner please tick (/)	
1. Mental Illness			Family History		Smoking	
2. Cardiovascular disease or hypertension			Hypertension		Diabetes	
3. Diabetes			Obesity		Serum Lipids	

REVIEW OF SYSTEMS

Has the applicant ever had or been treated for any of the following conditions?

	Yes	No			Yes	No
1. Head injury, dizziness, loss of consciousness			9. Gastrointestinal disorders			
2. Frequent or severe headaches			10. Musculo - skeletal disorders			
3. Epilepsy			11. Menstrual disorders			
4. Psychiatric/neurological problems			12. Alcohol or substance abuse			
5. Ear disease or deafness			13. Any other medical conditions			
6. Allergies			14. Current medications (Prescriptions or OTC)			
7. Pulmonary disorders including asthma			15. Does the applicant smoke more than 5 cigarettes per day?			
8. Cardiovascular disorders including hypertension			16. Weekly alcohol intake ►			

Examiner please elaborate

List injuries, operations, serious illnesses and dates

STATEMENT OF APPLICANT

I hereby declare that I have read and understood the above information which to the best of my knowledge is complete and correct. I recognize that this report and any other medical documentation submitted or authorized to be submitted by me as part of my application for licence or permit is the property of the Department of Transport Civil Aviation Medical Advisors.

"I authorize the release of any information contained herein or in other relevant general medical examination reports including electrocardiograms, audiograms, X-ray reports, and eye specialist reports to the personnel licensing authorities and release this and other relevant medical information to the Department of Transport Civil Aviation Medical Advisors for the sole purpose of establishing my medical fitness to hold any licence or permit issued by the the Department of Transport."

Date Y M D

Applicant's Signature

Witness

PART B: CIVIL AVIATION MEDICAL EXAMINER'S RECOMMENDATION (TO BE COMPLETED AFTER MEDICAL EXAMINATION)

RECOMMENDATION				CAME Stamp		
Please tick (/)	<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit	<input type="checkbox"/> Deferred	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Was a 90 day renewal assigned?		
				Do you recommend further examination?		
				Are you sending a separate confidential report?		
Remarks						
Date	Y	M	D	()	Telephone	CAME Signature

PART C: (TO BE COMPLETED BY EXAMINER)

PHYSICAL EXAMINATION

Height cm	Weight kg	Colour of Hair	Colour of Eyes	Blood Pressure(s)	Identifying Marks
► Check each item ←				Elaborate on each abnormal response with diagnosis if possible.	
1. Nutrition					
2. Nose and Throat					
3. Ears					
4. Respiratory System					
5. Cardiovascular					
6. Gastro intestinal					
7. Genito-urinary					
8. Locomotor					
9. Neurological					
10. Mental status					
11. Integument					

VISUAL EXAMINATION

DISTANT	ACUITY		Glasses	Contact Lenses		
	Right Eye	/	Corrected to	/	/	
	Left Eye	/	Corrected to	/	/	
Both Eyes	/	Corrected to	/	/		
NEAR			Uncorrected	Corrected		
	(IN5 @ 30-50 cm)		Yes	No	Yes	No
	Right Eye					
Left Eye						
LENS PRESCRIPTION			Sphere	Cylinder		
	Right					
	Left					
OCULAR MUSCLE BALANCE						
Ortho		Eso		△		
Hyper		Exo		△		
Cover Test						
Do you recommend an eye specialist examination? Yes No						

COLOUR PERCEPTION EXAMINATION

PSEUDOISOCHROMATIC PLATES ►	Type	Number of Plates		Number of errors		
-----------------------------	------	------------------	--	------------------	--	--

HEARING EXAMINATION

		AUDIOGRAM / AUDIOSCOPE (IF APPLICABLE)						
		HZ	500	1000	2000	3000	4000	6000
Whispered voice (Record distance in metres) Right		Right						
Left		Left						

URINALYSIS

Glucose	Other						
---------	-------	--	--	--	--	--	--

OTHER TESTS, COMMENTS ETC.

RAMO ASSESSMENT (DEPARTMENTAL USE ONLY)

1st Category	P	V	C	H	Comments / Restrictions	
					Suffix	Code(s)
2nd Category	P	V	C	H		
Path Code(s)	Date	Year	Month	Day	RAMO Signature _____	

1st Medical Category	2nd Medical Category	Coded by (ApI)	Date
<input type="text"/>	<input type="text"/>		
Restrictions, Limitations		Entered by (ApI) Date	
Advisory Notes Codes			

APPENDIX II

CATEGORY 4 MEDICAL DECLARATION DÉCLARATION MÉDICALE POUR CATÉGORIE 4

IT IS AN OFFENCE UNDER SECTION 7.3(I)(a) OF THE AERONAUTICS ACT TO KNOWINGLY MAKE A FALSE DECLARATION.

FAIRE SCIEMMENT UNE FAUSSE DÉCLARATION EST UNE INFRACTION EN VERTU DE L'ALINÉA 7.3(I)(a) DE LA LOI SUR L'AÉRONAUTIQUE.

Before completing the attached medical declaration, applicants must read the important information below.

All applicants complete Parts A and B of the declaration. **ONLY** Recreational Pilot Permit applicants require a physician to complete Part C of the attached declaration.

Recreational Pilot Permit Applicants

The information on this declaration must be attested to in Part C to by:

- » A physician licensed in Canada; and
- » A resting 12 lead electrocardiogram (ECG) is required at the first medical after age 40 and also on the first medical after age 50 and every 4 years thereafter. The ECG tracing is not required to be submitted with the medical declaration form.

IMPORTANT INFORMATION

Pilots are reminded of Air Regulation 408 (a) which indicates:

No person shall fly or attempt to fly as a flight crew member...

- (a) if he is aware that he is under any physical disability that might render him unable to meet the requirements as to physical condition for the issue or renewal of the licence or permit.

Pilots are also reminded of Air Regulation 409 which indicates:

No person shall act as a crew member of an aircraft

- (a) within 8 hours after the consumption of any alcoholic beverage;
- (b) while under the influence of alcohol; or
- (c) while using any drug that affects his faculties to an extent that the safety of the aircraft is endangered in any way.

It is best to allow at least 24 hours between the last drink and take-off time and at least 48 hours after excessive drinking. The body metabolizes alcohol at a fixed rate and no amount of coffee, medication or oxygen will alter this rate.

Self-medication, or taking medicine in any form immediately before or while flying, can be hazardous. Simple remedies, such as antihistamines, cough and cold mixtures, laxatives, tranquilizers and appetite suppressants, may seriously impair the judgement and co-ordination needed by the pilot.

Unless cleared by an aviation medical examiner, pilots should not fly under the influence of prescription or over-the-counter drugs.

For further information, see A.I.P. Canada, AIR 3-5 (July 21, 1994)

Avant de remplir la déclaration médicale ci-jointe, les demandeurs doivent lire tous les renseignements importants ci-dessous mentionnés.

Tous les demandeurs doivent remplir les parties A et B de la déclaration. **SEULS** les demandeurs d'un permis de pilote de loisir doivent faire remplir la partie C de cette déclaration par un médecin.

Les demandeurs d'un permis de pilote de loisir

Les renseignements de la partie C de la présente déclaration doivent être attestés par:

- » un médecin agréé au Canada.
- » En outre, un électrocardiogramme (ECG) de 12 dérivations, soumis au patient au repos, est requis à la première visite médicale après 40 ans, également à la première visite médicale après 50 ans et enfin, tous les 4 ans par la suite. On n'exige pas qu'un tracé d'ECG soit remis avec le formulaire de déclaration médicale.

RENSEIGNEMENTS IMPORTANTS

On rappelle aux pilotes le contenu de l'alinéa 408(a) du Règlement de l'Air: Nul ne pourra effectuer ou tenter d'effectuer un vol en tant que membre de l'équipage de conduite d'un aéronef...

- (a) s'il s'aperçoit qu'il souffre d'une déficience physique susceptible de le mettre dans l'incapacité de satisfaire aux conditions d'aptitude physique requises pour la délivrance ou le renouvellement de cette licence ou de ce permis.

On rappelle également aux pilotes le contenu de l'article 409 du Règlement de l'Air: Nul ne peut remplir les fonctions de membre d'équipage à bord d'un

- (a) dans les 8 heures qui suivent l'ingestion d'une boisson alcoolique;
- (b) alors qu'il est sous l'effet de l'alcool; ou
- (c) alors qu'il fait usage d'un médicament qui affecte ses facultés au point où la sécurité de l'aéronef est compromise de quelque façon.

Il est préférable de s'abstenir de voler pendant au moins 24 heures après la dernière consommation et pendant au moins 48 heures suite à une consommation excessive. Le corps transforme l'alcool à une vitesse constante qu'aucune quantité de café, de médicaments ni d'oxygène ne peut accélérer.

L'automédication ou le fait de prendre quelque médicament que ce soit, sous une forme ou une autre, immédiatement avant ou pendant le vol peuvent s'avérer dangereux. Même les remèdes ordinaires comme les antihistaminiques, les préparations contre le rhume et la toux, les laxatifs, les calmants et les pilules pour couper l'appétit peuvent grandement affaiblir le jugement et la coordination nécessaires au pilotage.

Sauf sur autorisation d'un médecin-examineur spécialisé en aéronautique, les pilotes devraient s'abstenir de voler lorsqu'ils sont sous l'influence d'un médicament prescrit ou en vente libre, comme ils devraient s'abstenir de voler sous l'influence de l'alcool.

Pour de plus amples renseignements, veuillez vous référer à l'A.I.P. Canada, AIR 3-5 (21 juillet 1994)

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